

ASSOCIATED STUDENT BODY * PURCHASE ORDER REQUEST

ALL PURCHASES AND REIMBURSEMENTS REQUIRE AN APPROVED P.O. NUMBER

Instructions: Please print or type!

This form is used to request a purchase order, refund or transfer of funds.

Date: _____

Payee: _____

Address: _____

City, State, Zip: _____

Check One:

Purchase Order

Refund

Transfer of Funds

From _____

To _____

Club or Class: _____

Expense Account Number: _____

Purchase Order Amount: \$ _____

Description of Purchase: _____

- Mail P.O. to Vendor/Individual
- Fax P.O. to Vendor/Individual – Fax Number _____
- Return P.O. to Advisor

Student Representative Signature

Advisor's Signature

Principal's Signature (Only for ASB & General Athletics)



ASB Treasurer

ASB Activities Director
 Approved Denied

ASB Financial Coordinator

Date: _____