

PO# _____

Santa Cruz High School

ASB PURCHASE ORDER REQUEST

Purchase Order will be faxed to the vendor by the Finance Office.

Vendor: _____ Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact: _____

Clubs must attach a copy of the minutes showing this request was voted on and approved.

Attach design if this order is for apparel

Stock #	Description	Qty.	Unit Price	Total

Order Total: _____
 8.50% Tax: _____
 Shipping: _____
 Grand Total: _____

Club/Sport _____ Account # _____

 Club Advisor/Coach Signature Date Club Advisor/Coach Printed Name

 Student Club Officer Signature Date Student Club Officer Printer Name
 (not required for sports)

If your account does not have the funds to cover this expense please state how it will be paid for:

Finance Office will Route for Approval				
_____ Finance Office	_____ Date	_____ Account Balance	_____ Principal	_____ Date
_____ ASB Officer	_____ Date	_____ ASB Director	_____ ASB Director	_____ Date
[] No - Reason: _____			_____ Athletic Director (if applicable)	_____ Date

*After Approval the Finance Office will disperse copies.
(White - Finance Office) (Yellow - Originator) (Pink - ASB)*