2007-08 ASB REQUISITION

Today's Date: _____ **P.O. Needed by** _____

Account to Charge: _____

Description & Date of Event or Activity: _____

How will purchase be used? _____

Will students be given item at no charge? YES ☐ NO ☐

Is this purchase PVHS ASB property? YES ☐ NO ☐

Is this a field trip? YES ☐ NO ☐

Vendor: _____ **Telephone: ( )** _____

Contact Person: _____ **Fax: ( )** _____

Address: _____

City, State Zip: _____

quantity	*description (item #, size, color, etc)*	*unit cost*	*total amount*
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00

SubTotal	$0.00
Tax	
S/H	
Total	$0.00

Date Rec'd: _____ **PO#** _____

Working Balance : _____

Student Officer & Title: _____

Advisor: _____

ASB Minutes Date: _____

ASB Secretary/Designee _____ **Approved** ☐ **Denied** ☐

ASB Advisor _____

Rev Jul 2007

SPECIAL INSTRUCTIONS/COMMENTS: