

**PURCHASE ORDER  
ASSOCIATED STUDENT BODY**

**ENTER SCHOOL NAME HERE**

DATE \_\_\_\_\_ PURCHASE ORDER NO. \_\_\_\_\_

VENDOR \_\_\_\_\_ CONTACT INFO \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FAX NO. \_\_\_\_\_

FAX ☐

RETURN ☐

MAIL ☐

PURPOSE \_\_\_\_\_

ASB ACCT \_\_\_\_\_

REQUESTED BY \_\_\_\_\_

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
			TOTAL	

ADVISOR SIGNATURE \_\_\_\_\_ CLUB OFFICER \_\_\_\_\_

ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_

Purchase order must be approved by administrator prior to placing order.

**ENTER SCHOOL NAME, MAILING ADDRESS, PHONE NUMBER AND FAX NUMBER HERE**