

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