## **PVHS ASB REQUISITION**

\*\* Requisitions are due Tuesdays by 3:30 pm \*\*

DATE: SUBMITTED BY:	ASB COMPTROLLER ONLY:  DEL'D TO ADVISOR:
ASB CLUB ACCT NAME:	ACCT#
EVENT NAME (IF APPLICABLE)  DATE OF EVENT	T: PO#
	TELEPHONE: FAX:
ADDRESS:	FAX PO?  YES NO
QTY DESCRIBE ITEMS TO PURCHASE OR EVENT	CATALOG # UNIT COST EXT'D COST
** Please note: you can place your order after you receive notes:	SUBTOTAL: EST'D TAX: EST'D SHIPPING: EST'D TOTAL:
REQUIRED APPROVAL SIGNATURES:	* INVOICE CANNOT EXCEED 10% OF EST'D TOTAL  ASB OFFICER'S COUNCIL:
STUDENT CLUB REP:	APPROVED:
CLUB ADVISOR:	DENIED:
ASB TREASURER:	DATE OF MINUTES:
ADMINISTRATOR:  ASB COMPTROLLER:	ASB SECRETARY: