

PVHS ASB REQUISITION

**** Requisitions are due Mondays by 3:00 pm, PO's delivered Thursdays by 3:00 pm ****

DATE: _____ SUBMITTED BY: _____

ASB CLUB ACCT NAME: _____

EVENT NAME (IF APPLICABLE)

DATE OF EVENT:

ASB COMPTROLLER ONLY:

DEL'D TO ADVISOR:

ACCT #

PO#

VENDOR:

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 the approved PO**

NOTES:

SUBTOTAL:

EST'D TAX:

EST'D SHIPPING:

EST'D TOTAL:

*** INVOICE CANNOT EXCEED 10% OF EST'D TOTAL**

REQUIRED APPROVAL SIGNATURES:

STUDENT CLUB REP:

CLUB ADVISOR:

ASB TREASURER:

ADMINISTRATOR:

ASB COMPTROLLER:

ASB OFFICER'S COUNCIL:

APPROVED:

DENIED:

DATE OF MINUTES:

ASB SECRETARY: