

PVHS ASB REQUISITION

**** Requisitions are due Mondays by 9:00 a.m.**

DATE: _____ SUBMITTED BY: _____

ASB CLUB ACCT NAME: _____

DESCRIBE ACTIVITY/EVENT :

DATE OF EVENT:

ASB COMPTROLLER ONLY:

DEL'D TO ADVISOR:

ACCT #

PO#

VENDOR: _____ TELEPHONE: _____

FAX: _____

ADDRESS: _____ CONTACT: _____

FAX PO? YES NO

QTY	DESCRIPTION OF ITEMS TO PURCHASE	ITEM/CATALOG #	UNIT COST	EXT'D COST

**** Please note: You can place your order AFTER you receive the approved PO**

<p>NOTES:</p> 	<p>SUBTOTAL: _____</p> <p>TAX: _____</p> <p>SHIPPING: _____</p> <p>EST'D TOTAL: _____</p> <p><small>*Invoice CANNOT Exceed 10% of Est'd Total</small></p>
<p>REQUIRED APPROVAL SIGNATURES:</p> <p>STUDENT CLUB REP: _____</p> <p>CLUB ADVISOR: _____</p> <p>ASB TREASURER: _____</p> <p>ADMINISTRATOR: _____</p> <p>ASB COMPTROLLER: _____</p>	<p>ASB OFFICER'S COUNCIL:</p> <p>APPROVED: <input type="checkbox"/></p> <p>DENIED: <input type="checkbox"/></p> <p>DATE OF MINUTES: _____</p> <p>ASB SECRETARY: _____</p>