

PO Number: _____

FILLED OUT BY OFFICE



WHITNEY HIGH SCHOOL ASB PURCHASE REQUISITION

Payee: _____

Date: _____

Address: _____

Phone: _____

_____ Contact Person: _____

Name of Account:

Account #:

Purpose:

(This is the detail that will be shown on your encumbrance report)

Qty:	Description of Items:	Unit Cost:	Total:
Special Instructions (will hand deliver check, open PO, not to exceed etc):		Subtotal:	
		Sales Tax:	
		Shipping/Handling:	
		Total:	

"The Executive Council of Whitney High School, acting as representatives for our club/organization, approved the expenditure of funds from our ASB Account"

Student Club Officer:

_____ Print Name _____ Signature

Coach /Advisor:

_____ Print Name _____ Signature

ASB Officer:

_____ Print Name _____ Signature

Activities Director: *Jesse Armas*

_____ Print Name _____ Signature

Date Approved: _____