

**WHITNEY HIGH SCHOOL
ASSOCIATED STUDENT BODY
PURCHASE REQUISITION**

PO Number: _____

Vendor Information

Vendor Name: _____
 Street Address: _____
 City, State, Zipcode: _____
 Phone Number: _____
 Fax Number: _____
 Contact Person: _____

Account Information

Name of Account: _____
 Account Number: _____
 Purpose of Expenditure: _____

Purchase Order Information

Quantity	Description of Items	Unit Cost	Total Cost
Special Instructions:		Subtotal	
		Sales Tax	
		Shipping/Handling	
		Total Cost	

“The Executive Council of the Whitney High School Associated Student Body, as stated in the school constitution as one of its purposes (Article 1, Section 3), hereby approves the expenditure of funds from the specified Associated Student Body account.”

Club Officer (Signature and Title): _____
 Club Advisor/Coach: _____
 Associated Student Body Officer: _____
 Activities Director/Administrator: _____

Office Use Only

Date Received: _____ Date Approved: _____