

PO Number: _____

Open (YorN): _____



WHITNEY HIGH SCHOOL ASB PURCHASE REQUISITION

Payee: _____

Date: _____

Address: _____

Phone: _____

Contact Person: _____

Website: _____

Email: _____

Bill To / Club:

Account #:

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

Qty:	Description of Items:	Amount:
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: _____