

School:

University Place School District No. 83

ASB Purchase Requisition

Purchase Order

BMO Credit Card

Date _____ Club Activity--Staff Name: _____

Vendor Name _____

Address _____

City/State/Zip _____

Vendor Telephone _____

Vendor Email _____

Advisor/Coach _____

Print & Signature

ASB Bookkeeper _____

Signature

ASB Treasurer _____

Signature

ASB Approval Date _____

Specify Directions for Student Accounts:

- RETURN PO to Club Advisor and Advisor will Place Order
- EMAIL PO to Vendor and Advisor (specify email address)
- Advisor/Coach to use District Procurement Card

(Over \$500, receive district approval)

Vendor Website _____

ASB Primary Advisor _____

Signature

Athletic Director _____

(Only for athletic purchases)

Signature

Approves Transfer of funds for this expenditure

Quantity	Unit	Item/Catalog #	Description	Unit Price	Total Price

(for additional items, please attach a separate sheet)

SUB TOTAL

SHIPPING

TAX @ 9.9%

TOTAL

Account Code

FUND	CLUB/ACTIVITY		OBJECT	LOCATION	RESPONSIBILITY	
40	####	00	####		0000 - 0000	
40					0000 - 0000	
40					0000 - 0000	