

S.H.S. A.S.B. PURCHASE ORDER REQUEST

SAUGUS HIGH SCHOOL A.S.B. 21900 CENTURION WAY, SAUGUS, CALIF. 91350 661-297-3900 FAX 661-263-8030

THIS FORM MUST BE COMPLETED AND RETURNED TO THE FINANCIAL SECRETARY FOR APPROVAL BEFORE PURCHASING ANY ITEMS. THIS IS ONLY A PROMISE THAT YOU HAVE FUNDS AVAILABLE TO PURCHASE ITEMS LISTED. (A.S.B.OFFICE DOES NOT ORDER) ANY PURCHASE DONE WITHOUT THIS SIGNED FORM FROM ASB WILL BE YOUR OWN EXPENSES. ALL APPROVED COPIES WILL BE PUT IN YOUR MAILBOX WITH SIGNATURES AFTER APPROVED.

DATE: _____ TIME STAMPED: _____

ACCT: # _____ ACCOUNT NAME: _____

ITEMS TO BE PURCHASED: _____

AMOUNT NEEDED: _____ COST: _____

SHIPPING _____ TAX _____ TOTAL \$ _____

VENDOR NAME: _____

VENDOR ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

VENDOR PHONE NUMBER: _____

IS THIS FOR AN APPROVED FUNDRAISER? YES NO

NAME OF APPROVED FUNDRAISER: _____

(IF YOU ARE PAYING FOR IT BECAUSE THE VENDOR DOES NOT ACCEPT SCHOOL CHECKS WRITE PER (YOUR NAME) ABOVE ON VENDOR LINE. MOST VENDORS ACCEPT SCHOOL CHECKS, SO PLEASE ASK THE VENDOR. IF A VENDOR ACCEPTS A SCHOOL CHECK, THEN PAYMENT NEEDS TO BE PER SCHOOLCHECK AND NOT BY A STAFF MEMBER. STAFF CHECKS WILL BE DECLINED IF IT IS A KNOWN VENDOR WHO ACCEPTS CHECKS. PLEASE ATTACH A QUOTE TO BACK OF P.O. WITH ITEMS AND AMOUNTS TO BE PURCHASED. (EX: LOWES BEING PAID BY J. SMITH) P.O.'S CAN TAKE UP TO 2 WEEKS FOR APPROVAL.

SIGNED BY: _____ ADVISOR FOR CLUB/CLASS

ADVISORS NAME PRINTED: _____ ADVISORS EXT: _____

TO BE COMPLETED BY A.S.B.-----

APPROVED BY A.S.B. EXECUTIVE OFFICER: _____

APPROVED BY A.S.B. DIRECTOR: _____

APPROVED BY ADMINISTRATOR: _____

DATE: _____

COPY TO ADVISOR AFTER CLASS APPROVAL DATE: _____

