

REQUEST FOR PURCHASE

 Purchasing Card

 Purchase Order

 Personal Reimbursement

TO BE COMPLETED BY REQUESTING DEPT/ACTIVITY/CLUB

SCHOOL: _____ Dept/Activity/Club: _____

REQUESTED BY:

Activity Advisor: _____ Date: _____
(High School Only)

Activity Student Rep: _____ Date: _____

ASB Student Rep: _____ Date: _____

Prime ASB Advisor: _____ Date: _____

Request has been documented in meeting minutes, or agreed to by team:
 Yes No

BOOKKEEPER USE ONLY

ACCOUNTING INFORMATION

REQ. #: _____

P.O. #: _____

RECEIVED IN IFAS?

CREDIT CARD PURCHASE?

EMPLOYEE REIMBURSEMENT?

PURCHASE AMT: \$ _____

 NEW VENDOR?

VENDOR NAME: _____

PEID: _____

VENDOR ADDRESS: _____

PHONE: _____

FAX: _____

VENDOR EMAIL: _____

BUDGET NUMBER: _____

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	EXTENSION

If applicable:

OVERAGE AMOUNT: \$ _____

OVERAGE APPROVAL: _____

 Signature Date

	SUB TOTAL
	S & H (if applicable)
	TAX
	TOTAL

SPECIAL NOTES: _____

- ◆ Required for all Secondary ASB purchases. Complete request prior to purchase(s) being made. Return to ASB Bookkeeper.
- ◆ Keep a copy of approved request for club minutes