



Shasta Union High School District
ASSOCIATED STUDENT BODY
PURCHASE REQUISITION

Enterprise Foothill Pioneer Shasta Other: _____

Please Mark One

- Hand Carry PO
- Mail PO
- Confirming-Do Not Mail
- Confirming-Mail PO
- Fax PO

Need check by: _____

Vendor

PO#: _____

Date: _____

Bill to: _____
 ASB Club/Organization

Purpose of expenditure: _____

Quantity	Description of Items	Estimated		Actual	
		Unit Cost	Total Cost	Unit Cost	Total Cost
	Sales Tax				
	Shipping				
	TOTAL				

“The Executive Council, acting as representatives for our club/organization, approves the expenditure of funds from our ASB account.”

Advisor: _____
 Executive Council Members: _____

 Director of Student Activities: _____