Shasta Union High School District

Associated Student Body Purchase Requisition

Enterprise [X] 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 (NOTE: If this is a reimbursement the VENDOR is the person the check will be issued to)

PO# _____

DATE _____

Bill to: _____

ASB Club/Organization

Purpose of expenditure: _____

		Estimated		Actual	
Quantity	Description of Items	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."

Purchase Requests brought in for Reimbursement of an item **NOT** pre-approved will be your financial responsibility!

Advisor: _____

Executive Council Members: _____

_____

_____

Director of Student Activites: _____