

Forms
Purchase Order

Sample Purchase Order

School Name
School Address
City, State, ZIP

To:

P.O. Number: _____

Vendor Name
Vendor Address

Item Number	Description	Quantity	Unit Price	Total Amount

Requested By: _____
(Name of Person) (Name of Club)

Subtotal	
+ estimated sales tax:	
+ estimated shipping charges:	
Total of this purchase order:	

Notice to the Vendor

Please mail the invoice in care of the ASB bookkeeper at the address at the top of the purchase order.
Please indicate the purchase order number on the invoice.

Certification (this section must be completed)

Budget(s) to be Charged: _____

We certify that this request has been approved and recorded in club minutes

Name Account: _____

Approval Date: _____

Account(s) to be Charged

Club or Class: _____

Club Representative Signature: _____

Advisor Signature: _____

We certify that this request has been approved by ASB or Student Council:

Approval Date: _____

ASB Officer: _____

Site Administrator or Designee: _____

