

INSTRUCTIONS

NOTE: Before completing this form, you must have activity approved by ASB. Please see ASB accounts advisor if you have questions.

Every section must be filled out.

1. Organization & Acct. # i.e. Honor Society #4001
2. Date: Date of submission.
3. To (Vendor): i.e. Davenport Food City
4. Address: Box XXX
Davenport, WA 99122
5. Special Directions: Leave blank or complete if there are special circumstances such as "Honor Society students will reimburse for these expenses."
6. Qty: Number ordering, example 10
7. Description: i.e. Honor Society Pins
8. Ind. Cost: i.e. \$.50
9. Total Cost: i.e. \$5.00
10. Activity Advisor: signature if activity
11. Student Treasurer: signature if activity
12. Coach: signature if sport
13. Athletic Director: signature if sport

After form is completed, turn in to principal for ASB approval or denial.

If approved, principal will sign and submit to ASB treasurer.

Purchase order (lilac paper) will be generated by ASB treasurer and will be given to advisor/coach.

Advisor/coach may place order upon receipt of purchase order.

DAVENPORT SCHOOLS ASB REQUISITION For Purchase Order

PO # _____
 For Office Use Only

ORGANIZATION & ACCT. # _____ DATE _____
 TO (VENDOR) _____
 ADDRESS _____

SPECIAL DIRECTIONS/INSTRUCTIONS: _____

Qty	Description	Individual Cost	Total Cost

_____ Activity Advisor

_____ Student Treasurer

_____ Principal

SIGNATURE REQUIRED