

Associated Student Body

Purchase Order Request

Date _____

Date PO Needed _____

Vendor _____

Club Name _____

Address _____

Club Account # _____

Not to Exceed Amount \$ _____

(only needed for Open PO's)

Phone _____

Fax _____

Person Requesting PO: _____

| Item # | Qty | Description | Unit Price | Total Price |
|--------|-----|-------------|-----------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | TAX | |
| | | | SHIPPING | |
| | | | | |

Approved in Club Minutes YES/NO

Date: _____ *attached a copy of minutes

Quote Attached?

YES / NO

Club has sufficient funds to encumber this request?

YES / NO

If No, how are you going to raise the funds for this purchase? _____

(No purchase order will be paid without sufficient funds in the account to pay the vendor)

Club Advisor

Club Treasurer