



DEL MAR HIGH SCHOOL
 Campbell Union High School District
 1224 Del Mar Avenue
 San Jose, CA 95128

Bank Use:
PO #: _____
Date: _____

Club Purchase Order Form

Name of Club: _____ Club Account Number _____

Club Account Balance prior to PO Request: _____ P.O. Request Date: _____

Requested By (Print Name): _____

P.O. Reason: _____

Vendor Name/ Reimbursement Name:	
Address:	
Phone Number:	

Description	Quantity		Total Amount
		+ Estimated sales tax:	
		+ Estimated shipping charges:	
		Total:	

*****Purchase order must be large enough to cover full amount of check request. If a purchase order is not processed prior to the purchase, a check cannot be issued.**

Required Signatures for Purchase Order:

	Print Name	Signature	Date
Student Club Representative			
Club Advisor			
Activities Director			
Principal/School Site Administrator			

*****Notice to the Vendor*****

Please mail the invoice to the address at the top of the purchase order, care of the Requestor. Please indicate the purchase order number on the invoice. If all above signatures have not been obtained, this purchase order is not valid.