



WEST RANCH HIGH SCHOOL
ASSOCIATED STUDENT BODY

26255 VALENCIA BLVD
STEVENS ON RANCH, CA 91381
(661) 222-1220 EXT 561

PURCHASE ORDER

FOR ASB OFFICE USE ONLY

P.O. NO. _____ DATE _____

ASB Director

ASB Student Body Officer

Payment to be made by: _____ Acct. # _____
(Name of account to be debited)

Vendor Name: _____

Vendor Address: _____

Vendor City, St, Zip: _____

Vendor Phone & Fax No: _____

STOCK NO.	DESCRIPTION OF ITEM	QTY	UNIT PRICE	TOTAL
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00

THIS FORM MUST BE COMPLETED AND RETURNED TO THE ASB OFFICE BEFORE ANY SERVICE, PRODUCT, EQUIPMENT AND/OR SUPPLIES ARE ORDERED. ONCE APPROVED, THE PURCHASE ORDER WILL BE RETURNED TO THE REQUESTOR TO PLACE THE ORDER. **THE P.O. NO. MUST APPEAR ON THE INVOICE.**

SUBTOTAL	0.00
SHIPPING	
SALES TAX	
TOTAL	\$ 0.00

By signing below, you are authorizing the order of a service, product, equipment and/or supplies as listed above.

Signature of Student: _____

Signature of Advisor: _____

Signature of Administrator: _____