ULYSSES S. Grant HIGH SCHOOL
13000 Oxnard Street.
Valley Glen, CA 91401
Phone: 818 756 2700 Fax: 818 908 0774

ULYSSES S. GRANT HIGH SCHOOL STUDENT BODY

Request for Puchase Order or Check

Financial Manager: Please Issue Purchase Order ☐ *Check* ☐ *to* Date: _____

_____
Name Address City State Zip

For items listed below and charge to the account of _____ Deliver Merchandise at: _____

QTY	DESCRIPTION	UNIT	TOTAL
		Sub Total	
	IF ABOVE ITEMS ARE **NOT FOR RESALE**, ADD SALES TAX. ----	Sales Tax	
		Shipping	
		Total	

STATE LAW now requires **THREE Approval Signatures** as indicated blow. **No Purchase Order or Check can be issued unless request is properly approved.**

_____
Purchase Order NO.

_____
Check NO.

_____
Requested by Student or Teacher

Approved by _____
DEPARTMENTAL, CHAIRMAN OR FACULTY CLUB SPONSOR

Approved by _____
STUDENT BODY ELECTED OFFICER

Approved by _____
PRINCIPAL OR VICE PRINCIPAL