

DATE APPR. _____

P. O. # _____

**ROCKLIN HIGH SCHOOL ASB
PURCHASE REQUISITION**

VENDOR/SUPPLIER _____ DATE _____

PHONE # _____

CONTACT PERSON: _____

BILL TO: _____ ACCOUNT # _____

(CLUB/ORGANIZATION)

PURPOSE OF EXPENDITURE: _____

(This is the detail that will be shown on your encumbrance report)

QUANTITY	DESCRIPTION OF ITEMS	ESTIMATED UNIT COST	TOTAL COST
SPECIAL INSTRUCTIONS: I.E. FUNDRAISERS ON FILE/WILL HAND DELIVER CK/OPEN OR BLANKET P.O./ETC.		SUBTOTAL	
		SALES TAX	
		SHIP/HANDLING	
		TOTAL (NTE? Y / N)	

Closed _____

"The Executive Council, acting as representatives for our club/organization, approves the expenditure of funds from our ASB account."

CLUB OFFICER NAME _____ SIGNATURE _____

TITLE _____

CLUB ADVISOR SIGNATURE _____

ASB VICE PRESIDENT _____

ADMINISTRATOR/DIRECTOR OF STUDENT ACTIVITIES _____

EXPLANATION IF REQ. DENIED _____