ASB Purchase Order Request

Requested by:

Today’s date:

Date PO is needed:

Vendor’s name:

Address (required if vendor is new to district):

Phone (required if vendor is new to district):

FAX (required if vendor is new to district):

***Check one:***  ***FAX PO***  ***Mail PO***  ***Return PO to Originator (YOU will place the order directly)***

All orders ship to: MVSD, 2101 Cleveland Ave. Mount Vernon, WA 98273 (no exceptions!)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qty | Product # | Description | Unit Cost | Total |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | Are both boys & girls traveling \_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  | Do you have male and female chaperone\_\_\_\_\_\_\_\_\_\_        Date of Board Approval-Overnight Trip\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  | Shipping: |  |  |
|  |  | Grand Total (Do NOT include sales tax): |  |  |

Note special rates/free shipping/promotion codes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTACH PRICE QUOTES!

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Club Advisor/Staff (required) Account Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of ASB Senate Officer (required)

Allow 3-day turnaround time for PO – All invoices must have a purchase order number to be paid

Please return completed/signed form to Cheri Duncan, ASB Office for processing

**Date received\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requisition #\_\_\_\_\_\_\_\_\_\_\_ Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**