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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**