AGOURA HIGH SCHOOL STUDENT BODY

№ 37484

PURCHASE REQUISITION

THIS IS NOT A PURCHASE ORDER

Date _____

Vendor (Make Check Payable to:) _____

Address _____ Phone (____) _____

City-State-Zip _____

Charge to Account of _____

Date Desired _____ Deliver to: _____

☐ PURCHASE ORDER REQUEST
☐ CHECK REQUEST
CHECK No.
AMOUNT
DATE

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL PRICE
			TAX	
			TOTAL	

_____
CLASS/CLUB OFFICER (IF APPLICABLE)

All indebtedness incurred against Agoura High School funds must have a Purchase Order issued by the Comptroller.

_____
ADVISOR / ACTIVITY TREASURER

_____
ASB TREASURER (DATE)

_____
ADMINISTRATIVE APPROVAL

**After you fill out this form turn it into the AAC