

Del Mar High School ASB Purchase Order & Check Request Form **FILL OUT ALL SHADED AREAS**

ASSIGNED P.O. NUMBER					
1	3	1	4	-	
PURCHASE ORDER REQUEST DATE					
ASB ACCOUNT NAME					
ASB ACCOUNT NUMBER					

Check Written to: Vendor Name / Reimbursement Name
Address
City, State, Zip
Phone Number

AUTHORIZED STUDENT APPROVAL SIGNATURE	P.O. APPROVAL DATE	ACCOUNT BALANCE

DESCRIPTION

Quantity	Description	Unit Price	Total

CHECK DESTINATION Where do you want the check to go after being printed? <input type="checkbox"/> Faculty Advisor/Coach <input type="checkbox"/> Mail Check <input type="checkbox"/> Other _____
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SHIPPING	
TAX (IF APPLICABLE)	
TOTAL P.O. REQUEST (ESTIMATE)	

Check Authorization Section | After the purchase has been made, attach invoice or receipt. Sign your name and the exact amount to be paid.

	\$	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
FACULTY ADVISOR SIGNATURE FOR CHECK	DATE	Fill in exact amount for check to be written											

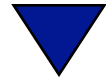
THIS SECTION IS FOR TREASURER USE ONLY										
TREASURER AUTHORIZATION CHECK INVOICE NUMBER										
<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										

P.O. Approval Section NO purchase or ordering of merchandise can be made until you receive this form back and all signatures in this box are signed.	DEPARTMENT CHAIR / ATHLETIC DIRECTOR _____ DATE _____ PRINCIPAL SIGNATURE _____ DATE _____ FACULTY ADVISOR SIGNATURE _____ DATE _____ ACTIVITIES DIRECTOR SIGNATURE _____ DATE _____	
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DEL MAR HIGH SCHOOL
Home of the DONS

START HERE



P.O. REQUEST
CHECK LIST

- Purchase Request Date
- ASB Account Name
- ASB Account Number
- Vendor/Name on Check
- Address
- City/State/Zip
- Description of Request
- Product Information
- P.O. Request Amount
- Check Destination
- Advisor/Coach Signature
- Department Chair or
- Athletic Director

For Bank Use Only
Check # _____
Date of Check _____