



Marco Antonio Firebaugh High School
Associated Student Body
5246 Martin Luther King Jr. Blvd.
Lynwood, CA 90262
Phone (310) 886-5200 * Fax (310) 637-8041

PURCHASE ORDER REQUEST

This form must be submitted to ASB for approval BEFORE any items or services are purchased or ordered. When a copy of this form has been returned to the individual requesting approval, then the item or service can be ordered. The P.O. number must be on the invoice to be paid. If any purchases were not submitted to ASB for pre-approval, ASB may not authorize payment and the individual will be responsible for payment. Please plan ahead! Allow two weeks for proper approval and signature process.

Club/Organization: _____ **Date:** _____

Adviser: _____ **Club/Organization President:** _____

Why is the item/service being purchased? _____

Vendor Information

Company: _____

Address: _____

Contact Name: _____ **Phone/Fax:** _____

| Item # | Description | Quantity | Unit Price | Total |
|--------|-------------|----------|------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|--------------------------------|--|
| Sub-Total | |
| Shipping & Handling | |
| Sales Tax | |
| Other | |
| Grand Total | |

CLUB APPROVAL: (by signing below, we certify that this request has been approved by the club / organization officers and recorded in club minutes)

Approval Date: _____

Club Officer Signature: _____

Adviser Signature: _____

ASB STUDENT COUNCIL ACTION

Approved
 Disapproved
 Tabled

Reason for disapproved or tabled action: _____

ASB Officer Signature _____ Date _____

Activities Director Signature _____ Date _____

Administrator Signature _____ Date _____

ASB Bookkeeper Use Only

P.O. NUMBER:

ASB Bookkeeper Use Only

Account to be charged: