

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 FORM

This form must be **FULLY COMPLETED** and submitted to ASB for approval **BEFORE** any items or services are purchased or ordered (per Education Code Section 48933(b)). Submit at least 2-3 weeks in advance for proper approval & signature process. When a copy of this form has been returned to the advisor, then the item or service can be purchased or ordered.

Club/Organization: _____ Date: _____

Advisor: _____ Club/Organization President: _____

Why is the item or service going to be purchased or ordered? _____

Vendor or Purchaser (person to be reimbursed) Information

Company/Name: _____

Contact Name: _____ Phone/Fax: _____

Item #	Description	Quantity	Unit Price	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: _____ Advisor Signature: _____			Sub-Total	
			Shipping & Handling	
			Sales Tax	
			Other	
			Grand Total	

ASB STUDENT COUNCIL ACTION				ASB Bookkeeper Use Only	
____ Approved ____ Disapproved ____ Tabled				P.O. NUMBER:	
Reason for disapproved or tabled action: _____					
_____ ASB Officer Signature		_____ Date		_____ ASB Bookkeeper Use Only Account to be charged:	
_____ Administrator Signature		_____ Date			
_____ Activities Director Signature				_____ Date	