PACIFIC GROVE HIGH SCHOOL, ASSOCIATED STUDENTS

PURCHASE REQUISITION ON ASB ACCOUNT No: _____ Date _____

Submit only 1 copy- Please print or type

NOT A PURCHASE ORDER!	Office Use Only: PO#	NOT A PURCHASE ORDER!

Vendor Name:

Address:

City: State: Zip:

Telephone: ( ) Fax: ( )

Page #	Quantity	Unit	Catalog No.	Item Description	Price	Extension

Requisitioned by:

Approved by ASB Bookkeeper:

Approved by ASB Treasurer:

Approved by Advisor:

Approved by Principal:

Subtotal: _____

Include 10% Shipping: _____

Include 7.25% Tax: _____

TOTAL _____

Rev. 1/23/06