

Branham High School ASB Purchase Order & Check Request Form FILL OUT ALL SHADED AREAS

| | | | | | | |
|---|---|---|---|---|---|-----|
| ASSIGNED P.O. NUMBER | | | | | | |
| | | | - | 0 | 7 | 0 8 |
| PURCHASE ORDER REQUEST DATE | | | | | | |
| ASB ACCOUNT NAME | | | | | | |
| ASB ACCOUNT NUMBER (Refer to Acct #'s online) | | | | | | |
| 0 | 0 | 0 | 0 | 0 | | |

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

Describe purpose for P.O. Request:

Current balance (Refer to last monthly statement) →

| Quantity | Description | Unit Price | Total |
|----------|-------------|------------|-------|
| | | | |
| | | | |
| | | | |

Activities Director
 Faculty Advisor
 Mail Check
 Other _____

| | |
|---------------------------|--|
| SHIPPING | |
| TAX (IF APPLICABLE) | |
| TOTAL P.O. REQUEST | |

| | |
|-----------------------------------|--|
| Invoice Number | |
| FINAL CHECK REQUEST AMOUNT | |

For Bank Use Only

Check # _____

Date of Check _____

| | |
|------------------------------|--------------------|
| _____ | _____ |
| AUTHORIZED STUDENT SIGNATURE | P.O. APPROVAL DATE |

| | | |
|--|--------------------------------------|------|
| | DEPARTMENT CHAIR / ATHLETIC DIRECTOR | DATE |
| | PRINCIPAL SIGNATURE | DATE |
| | FACULTY ADVISOR SIGNATURE | DATE |
| | ACTIVITIES DIRECTOR SIGNATURE | DATE |