

# REQUEST FOR PURCHASE

☐ Purchasing Card

☐ Purchase Order

☐ Personal Reimbursement

**TO BE COMPLETED BY REQUESTING DEPT/ACTIVITY/CLUB**

SCHOOL: \_\_\_\_\_ Dept/Activity/Club: \_\_\_\_\_

**REQUESTED BY:**

Activity Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

*(High School Only)*

Activity Student Rep: \_\_\_\_\_ Date: \_\_\_\_\_

ASB Student Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Prime ASB Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Request has been documented in meeting minutes, or agreed to by team:

☐ Yes ☐ No

**BOOKKEEPER USE ONLY**

**ACCOUNTING INFORMATION**

REQ. #: \_\_\_\_\_

P.O. #: \_\_\_\_\_

RECEIVED IN IFAS? ☐

CREDIT CARD PURCHASE? ☐

EMPLOYEE REIMBURSEMENT? ☐

PURCHASE AMT: \$ \_\_\_\_\_

☐ NEW VENDOR?

VENDOR NAME: \_\_\_\_\_

PEID: \_\_\_\_\_

VENDOR ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

VENDOR EMAIL: \_\_\_\_\_

**BUDGET NUMBER:**

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	EXTENSION

*If applicable:*

OVERAGE AMOUNT: \$ \_\_\_\_\_

OVERAGE APPROVAL:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUB TOTAL**

**S & H (if applicable)**

**TAX**

**TOTAL**

SPECIAL NOTES: \_\_\_\_\_

- ♦ Required for all Secondary ASB purchases. Complete request prior to purchase(s) being made. Return to ASB Bookkeeper.
- ♦ Keep a copy of approved request for club minutes