

P.O. No. \_\_\_\_\_ Date \_\_\_\_\_

Check No. \_\_\_\_\_ Account No. \_\_\_\_\_

### Request for Student Body Purchase Order Form

**Note:** This is not a purchase order form, only a request. This form is to be used for materials purchased off-campus. Never submit this form and the "Request for Payment" form for the same item or service. Submit completed form to Financial Office. Allow 48-hours for final approval of request.

No order may be implemented by personal contact alone. If emergency exists, contact Vice Principal of Activities for procedures. Unless otherwise stipulated, the purchase order will be mailed to the vendor. One copy of the purchase order shall be sent to the advisor for his/her files.

Suggested Place to Purchase: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Department: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: \_\_\_\_\_

Quantity	Items and Description	Unit Price	Amount

1. All expenditures must have organizational approval prior to submitting purchase order form, or otherwise stipulated by the organization's constitution. Expenditures over \$25.00 must receive majority approval of the general membership. Expenditures under \$25.00 must receive three-fourths majority approval of all officers. **NO EXPENDITURES OF STUDENT FUNDS MAY BE APPROVED SOLELY BY A STUDENT FUNDS OFFICER OR ADVISOR.**
2. All activities dependent upon Associated Student Body (ASB) funds must receive its students approval from the ASB Executive Board.
3. Verification of expenditure approval must appear in the organization's minutes which must be filed at the Activities Office within 14 days of the meeting.
4. All "Requests for Student Body Purchase Order Forms" must be signed by an authorized student officer and Faculty Officer.
5. All "Requests for Student Body Purchase Order Forms" must receive final approval of the ASB Executive Board.

Signed \_\_\_\_\_  
Organization Treasurer

Signed \_\_\_\_\_  
ASB Treasurer

\_\_\_\_\_  
Faculty Advisor

\_\_\_\_\_  
Asst. Principal/Director of Activities

Approved by Officers \_\_\_\_\_ Membership \_\_\_\_\_

ASB Approval \_\_\_\_\_

Date of Minutes \_\_\_\_\_

Date of Minutes \_\_\_\_\_