



RIGHETTI HIGH SCHOOL



REQUEST FOR CHECK OR PURCHASE ORDER

Associated Student Body Accounts

DATE: _____

ACCOUNT _____

THIS IS A REQUEST FOR: PAYMENT PURCHASE ORDER TRANSFER

CHECK OR PURCHASE ORDER IS TO BE MAILED PICKED UP OTHER

IMPORTANT: ALL CHECK REQUESTS MUST HAVE PRIOR APPROVAL BEFORE PURCHASES ARE MADE

Quantity	Description	Price Each	Total Price
	PLEASE ENTER APPROXIMATE P.O. AMOUNT HERE →		
Make Check/Purchase Order Payable To:			
_____		SUB TOTAL	
Street or P.O. Box		TAX	
_____		TOTAL	\$
City, State, Zip			

CLUB OFFICER

ADVISOR/COACH

ATHLETIC DIRECTOR (For Athletic Requests Only)

ASB OFFICER

ASB ACTIVITY DIRECTOR

SITE ADMINISTRATOR

PLEASE NOTE:

- *Use separate requests for each vendor
- *Obtain all signatures
- *Do not take this form to the vendor
- * After P.O. is issued and your purchase is made/received please return all detailed receipts/invoices to the ASB Business Office ASAP

ASB USE ONLY

RECEIVED ON:

REFER TO THE MINUTES OF:

FOR BUSINESS OFFICE USE ONLY

RECEIVED ON:

P.O. #

Amount of Check

\$

Date Paid

Check Number

#