



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:

Street or P.O. Box

City, State, Zip

SUB TOTAL

TAX

TOTAL

\$

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

* AFTER P.O. IS ISSUED AND YOUR PURCHASE IS MADE/RECEIVED
PLEASE RETURN ALL DETAILED RECEIPTS/INVOICES TO THE ASB
BUSINESS OFFICE ASAP. ORIGINAL ITEMIZED/DETAILED RECEIPTS MUST BE PROVIDED FOR REIMBURSEMENT.

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

#