

## **Requisition Request**

## Reedley High School Associated Student Body

Account Name:			Date:		
Account #:				PO #:	
				Check:	
Vendor:				Credit Card:	
			·		
Vendor Fax Nu	umber (if requesting F	inance Office	to submit order) _		
Item:				Price:	Total:
				Sub Total	
				Тах	
				Shipping	
				Total	
Advisor Signature	2				
Student Signature	e				
Activities Director Signature					
Administrator S	ignature	<del></del>			
Initials:	Date:	1	Purchase Order Requested *Obtain signatures prior to submitting (Advisor, Student, Activities Director) *Attach Club Meeting Minutes and Quote		
Initials:	Date:	2	Items and Invoice Received  *Attach Invoice		
Initials:	Date:	3	OK to Pay		
Initials:	Date:	4	*Final Amount to be Check Printed	paid	