

Associated Student Body -- PO Request Form

Date: _____

Person requesting PO: _____

Vendor: ** _____

Please list items and quantities below or give total dollar amount (including tax & shipping) if requesting an open PO.

Address: _____

Phone #: _____

Fax #: _____

Club Name: _____

Quantity	Description	Per unit	Total

Club Student Representative Signature

Club Faculty Advisor's Signature

Sub Total	
S/H	
TOTAL	

Administrator Approval Signature