

ASB PURCHASING FORM

School Name: _____

Address: _____

How is this request:
(Circle Selection)

Cultural

Athletic

Recreational

Social in Nature

Vendor: _____

Street Address: _____

City, State, Zip: _____

Phone and Fax: _____

Club/Sport/Class: _____

Budget #: _____

	Qty.	Unit	Item #	Description	Price	Total Cost

Student Leader _____

Advisor/Coach _____

ASB Administrator _____

Principal _____

Sub Total _____

Shipping/Handling _____

Total _____

Sales Tax 0.00% _____

TOTAL + Sales Tax

*MOST VENDORS WILL ADD APPROXIMATELY 10-15% FOR SHIPPING.
THIS AMOUNT WILL BE SUBTRACTED FROM YOUR BUDGET WHEN WE RECEIVE THE INVOICE.*

Bookkeeper Initial: _____