ASSOCIATED STUDENT BODY REQUISITION

Gustine Unified School District
Gustine High School Associated Student Body
501 North Avenue
Gustine, CA 95322
Phone: 209.854.6414
Fax: 209.854.1955

Ship To: _____

_____

_____

CLUB: _____ **DATE:** _____

ORDERED BY: _____ **SPECIAL INSTRUCTIONS:** _____

VENDOR NAME: _____

ADDRESS: _____

_____

PHONE: _____ **FAX:** _____

QTY.	DESCRIPTION	UNIT COST	TOTAL COST
	TAX		
	SHIPPING		
	TOTAL		

ASB CLUB/ORGANIZATION APPROVAL: **MEETING DATE:** _____

ATTACH COPY OF CLUB MINUTES

AUTHORIZED OFFICER SIGNATURE: _____

AUTHORIZED ADVISOR SIGNATURE: _____

ASB - COUNCIL'S APPROVAL

MEETING DATE: _____

AUTHORIZED OFFICER SIGNATURE: _____

AUTHORIZED ADVISOR SIGNATURE: _____

PRINCIPAL'S APPROVAL:

DATE: _____

SIGNATURE: _____

GHS ASB PURCHASE ORDER #: _____

Amount Authorized: _____

DATE: _____