

Today's Date: \_\_\_\_\_

P.O. Needed by \_\_\_\_\_

Club name \_\_\_\_\_

Club # \_\_\_\_\_ Event # \_\_\_\_\_

Event/Activity: \_\_\_\_\_

Date of Event/Activity: \_\_\_\_\_

How will purchase be used? \_\_\_\_\_

*Requisitions are reviewed by ASB Advisor to ensure that FCMAT and District guidelines are followed.  
Purchase Orders are issued by ASB Accounting.*

Vendor: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Fax: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

quantity	item(s) description (# of items / color / etc.	unit cost	total amount
<i>Note: Please include tax and shipping, if applicable</i> <div> <div></div> <div>current tax rate 8.25%</div> </div>			
Total			

Student Officer (print): \_\_\_\_\_

Student Officer (sign): \_\_\_\_\_

Title: \_\_\_\_\_

Advisor (sign): \_\_\_\_\_

Advisor(print): \_\_\_\_\_

Meeting date: \_\_\_\_\_ Meeting time: \_\_\_\_\_

Location: \_\_\_\_\_ Vote count: \_\_\_\_\_ Number for: \_\_\_\_\_ Number opposed: \_\_\_\_\_

Motion by: \_\_\_\_\_ Second by: \_\_\_\_\_

**Special instructions/comments:**