INSPiRE
SCHOOL OF ARTS & SCIENCES

ASB REQUISITION

(for office use only)
ASB PO# _____

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*
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
Note: Please include tax and shipping, if applicable current tax rate 8.25% →			
		Total	$ 0.00

District Official (sign):_____

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: