

PRE-AUTHORIZATION/PURCHASE ORDER REQUEST

Please complete this form BEFORE you make any purchase or place any orders

Instructions: Provide the following information along with the necessary signatures from the following:

Club Advisors – Activities Director **Athletics** – Athletic Director **Coaches** – Athletic Director

Date: _____ Advisor: _____
Print clearly

Account Name: _____ Account Number: _____

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip _____

Vendor Phone: _____

Description: _____

Approximate Amount of Purchase: \$ _____

Purchase approved in club minutes dated: _____

Administrator/Advisor Approval: _____

Activities Director Approval: _____

ASB Treasurer Approval: _____

For Office Use Only

P.O. Number: _____

This form complies with State Ed Code Section 48933 (b)