

ASSOCIATED STUDENT BODY FUND
 Pullman High School
 510 NW Greyhound Way, Pullman WA 99163
 509.332.1551

PO/P-Card REQUISITION

Activity	Account Number	Activity Advisor

Vendor

Name: _____	
Address: _____	
City, State, Zip: _____	
Phone: _____	Fax: _____

Quantity	Description	Estimated Price
TOTAL		

Is this part of a fundraiser? Yes No

If so, which fundraiser? _____

Date item(s) needed by _____

Required Signatures:

Coach/Advisor Signature: _____ Date: _____

Activity/Sport Student Signature: _____ Date: _____

All forms MUST be printed off and turned into Ms. Lacy

For office use only:

Approved: Yes _____ No _____ Purchase Order Number _____

Administrator _____ Date _____

ASB representative _____ Date _____