



WEST RANCH HIGH SCHOOL  
ASSOCIATED STUDENT BODY

26255 VALENCIA BLVD  
STEVENS ON RANCH, CA 91381  
(661) 222-1220 EXT 561

**PURCHASE ORDER**

*FOR ASB OFFICE USE ONLY*

P.O. NO. \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ ASB Director \_\_\_\_\_ ASB Student Body Officer

Payment to be made by: \_\_\_\_\_ Acct. # \_\_\_\_\_  
(Name of account to be debited)

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

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

Vendor City, St, Zip: \_\_\_\_\_

Vendor Phone & Fax No: \_\_\_\_\_

STOCK NO.	DESCRIPTION OF ITEM	QTY	UNIT PRICE	TOTAL

THIS FORM MUST BE COMPLETED AND RETURNED TO THE ASB OFFICE BEFORE ANY SERVICE, PRODUCT, EQUIPMENT AND/OR SUPPLIES ARE ORDERED. ONCE APPROVED, THE PURCHASE ORDER WILL BE RETURNED TO THE REQUESTOR TO PLACE THE ORDER. **THE P.O. NO. MUST APPEAR ON THE INVOICE.**

<b>SUBTOTAL</b>	
<b>SHIPPING</b>	
<b>SALES TAX</b>	
<b>TOTAL</b>	

By signing below, you are authorizing the order of a service, product, equipment and/or supplies as listed above.

Signature of Student: \_\_\_\_\_

Signature of Advisor: \_\_\_\_\_

Signature of Administrator/Athletic Director: \_\_\_\_\_