SUMMERVILLE UNION HIGH SCHOOL DISTRICT REQUEST FOR STUDENT BODY PURCHASE ORDER

FIRM'S NAME:	Today's Date:	
Address:	Date Needed:	
Phone #: Fax #:		
Quantity Item Number and Description	Unit Price To	otal Price
	\$ \$	
	\$ \$	
	\$ \$	
	\$ \$	
	\$ \$	
	\$ \$	
	\$ \$	
	\$ \$	
	\$ \$	
Check 1 Box Below: Business Office to Place Order I will Place the Order Myself	Sub Total \$ Sales Tax \$ Shipping \$ Order Total \$	
Purchase Order #:	Certificated Advisor Sign	ature
Print Coach/Teacher Name:	Student Officer Signature)
Student Body Acct. #:	Athletic Director Signatu	re
Student Body Acct. Name:	Superintendent/Principal	Signature