



# Summerville Union High School Requisition

District Purchase Order  
District Check Request

ASB Purchase Order  
ASB Check Request

Vendor Name: \_\_\_\_\_  
Vendor Address: \_\_\_\_\_  
Vendor Phone: \_\_\_\_\_  
Vendor Email: \_\_\_\_\_

Date: \_\_\_\_\_  
Date Needed: \_\_\_\_\_  
Requestor: \_\_\_\_\_  
Vendor Fax: \_\_\_\_\_

Quantity	Item # & Description	Unit Price:	Total Price:
<u>Please explain the purpose of this order:</u>		Subtotal:	
		Sales Tax:	
		Shipping:	
Account		Order Total:	

**Note: sales tax must be calculated and entered**

Check 1 Box Below:

Business Office to Place Order

I will Place the Order Myself

Requestor Signature: \_\_\_\_\_

Director/Principal Approval: \_\_\_\_\_

Advisor Approval: ASB \_\_\_\_\_

Student Officer Approval: ASB \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_ Date Processed: \_\_\_\_\_