



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:
Please explain the purpose of this order:		Subtotal:	
		Sales Tax:	
Account		Shipping:	
Account		Order Total:	

Check 1 Box Below:

Note: sales tax must be calculated and entered

Business Office to Place Order

I will Place the Order Myself

Requestor Signature: _____

Director/Principal Approval: _____

Advisor Approval: ASB _____

Student Officer Approval: ASB _____

CBO/Budget Approval: _____

Superintendent Approval: _____

Date Processed: _____