WEST RANCH HIGH SCHOOL
ASSOCIATED STUDENT BODY
26255 VALENCIA BLVD
STEVENSON RANCH, CA 91381
(661) 222-1220

PURCHASE ORDER

DATE_____

THIS FORM MUST BE COMPLETED AND RETURNED TO THE FINANCIAL SECRETARY. **PURCHASES MADE WITHOUT A PURCHASE ORDER NUMBER AND SIGNATURE FROM ASB WILL NOT BE PAID.**

PAYMENT TO BE MADE BY: _____ACCT. #_____
(NAME OF CLUB OR ASB ACCOUNT)

VENDOR NAME _____

VENDOR ADDRESS _____

VENDOR CITY, ST, ZIP _____

VENDOR PHONE NO. AND FAX NO. WITH AREA CODE _____

STOCK NO.	DESCRIPTION OF ITEM	QUANTITY	UNIT PRICE	TOTAL
		SUB-TOTAL		
		SHIPPING		
		SALES TAX		
	(TOTAL SHOULD INCLUDE ALL ITEMS PLUS TAX)	**TOTAL**		

APPROVED BY_____ APPROVED BY _____
(STUDENT) ←--*BOTH SIGNATURES REQUIRED*--→ (FACULTY ADVISOR)

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FOR OFFICE USE: P.O. NO. _____ DATE_____

APPROVED BY_____