



## ASB Supply Requisition

Club: _____ Account #: _____ Date of Request: _____ Date Required: _____	Supplier/Vendor: _____ Address: _____ _____ Phone: _____ Fax: _____
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Item	Item No.	Quantity	Unit Price	Total Expenditure

Notations: _____ _____ _____	Sub Total _____ Shipping _____ Tax _____ <b>TOTAL</b> _____
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**Instructions:**

- Get all signatures BEFORE returning this form to Mrs. Scheffer
- This form must be signed by the club advisor, ASB advisor, principal, and ASB Treasurer BEFORE supplies can be purchased. *The individual will be held responsible for any purchase made without the necessary approval.*

\_\_\_\_\_  
 Club Advisor's Signature Date

\_\_\_\_\_  
 ASB Advisor's Signature Date

\_\_\_\_\_  
 Principal's Signature Date

\_\_\_\_\_  
 ASB Treasurer's Signature Date

<b>Office Use Only</b>	
<input type="checkbox"/>	Club Advisor
<input type="checkbox"/>	ASB Binder
<input type="checkbox"/>	District Office