

## **ASG Purchase Order & Check Request**



\*Note: This request must be submitted at least 8 weeks in advance of the activity/event.

Club Requesting:  Event Name:			Date Submitted:  Event Date:
	<b>Purchase Order</b>	\$	
	Check	\$	Refer to Minutes Dated: (Attach a complete copy of the minutes)
	Debit Card	\$	
	Reimbursement	\$	<u>Vendor Information</u> : Name:
	Cash Box	\$	Address:
	& Change Denomi	inations: \$5s	City:
	\$10s	Quarters	State/Zip:
	Dimes	Nickels	
	Pennies		
Person Designated for Pick-Up:			Trip Chaperones (if required):
<b>Signatures:</b> All signatures (listed on the right) are required for the Purchase Order to be processed by the Business Office.			VP Student Services
			Director of Student Life
-	dditional items are nee	-	
contacted by the Director of Student Life.			Club Advisor
			Club Officer