

Canyon Crest Academy – Associated Student Body
 Ship to/Bill to: 5951 Village Center Loop Rd., San Diego, CA 92130
 Phone: (858) 350-0253 x4018 Fax: (760) 943-3646

2011-12 PURCHASE ORDER REQUEST

Step #1: Account Information

Account to be charged: _____ Acct. #: _____
 Requested by: _____ Email or phone: _____
 Purpose of PO: _____

Step #2: Vendor Information

Vendor name: _____
 Contact person: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Fax: _____

Step #3: Check Request Information

Make check payable to: _____
 Due date: _____
 Mail check to this address: _____
 Deliver check to Advisor's mailbox
 Hold check in Finance Office for pick up

Step #4: Purchase Description – Back-up documentation *MUST BE ATTACHED!*

Item Description	Qty	Unit Price	Total Amount
		\$	\$
		\$	\$
		\$	\$

Check here if additional items are listed on the back of this form

Subtotal:	\$
Sales Tax:	\$
Shipping:	\$
Grand Total:	\$

Step #5: Certification by the Student Body Organization (Club/Team/Committee)

We certify this request has been approved by the students and recorded in club minutes.

Student Representative: _____
Print name Signature Date

Certificated Advisor: _____
Print name Signature Date

Step #6: Certification by the Student Council

We certify this request has been approved by the Student Council and recorded in ASB minutes.

ASB Officer: _____
Print name Signature Date

ASB Director: _____
Print name Signature Date

Step #7: Certification by the Governing Board Designee

I certify this request has been approved by the designated site administrator.

Site Administrator: _____
Print name Signature Date

**THIS IS PERMISSION TO SPEND MONEY FROM YOUR ASB ACCOUNT.
 GET PERMISSION/APPROVAL FIRST – THEN PURCHASE YOUR ITEMS.**