CHS ASB REQUISITION

5	, 0			ASB C	OMPTROLLER ONLY:	
DATE:	SUBMITTED BY:			DEL'D TO ADVISOR:		
ASB Acct #:	ASB Account Name	:		ACCT #		
DESCRIBE ACTIVITY,	/EVENT :	DATE OF EVENT	:	PO#		
VENDOR:			TELEPHONE: FAX:			
ADDRESS:			CONTACT:			
			FAX PO?	YES	NO	
QTY	DESCRIPTION OF ITEMS TO I	PURCHASE	ITEM/CA	TALOG #	UNIT COST EXT'D COST	
NOTES:					SUBTOTAL:	
					TAX:	
				NOT	SHIPPING: TO EXCEED:	
REQUIRED APPRC	VAL SIGNATURES:					
STUDENT CLUB REP:				ASB EXECUTIVE COUNCIL:		
CLUB ADVISOR:				APPROVED:		
ASB TREASURER:				DENIED:		
ADMINISTRATOR:			D	ATE OF MINUTES	:	
ASB COMPTROLLER:				3 SECRETARY:		