CHS ASB REQUISITION

DATE: ___________________ SUBMITTED BY: _____________________

ASB Acct #: ___________________ ASB Account Name: _____________________

DESCRIBE ACTIVITY/EVENT: ___________________ DATE OF EVENT: _____________________

ASB COMPTROLLER ONLY:

DEL’D TO ADVISOR: ____________

ACCT #: _____________________

PO#: _____________________

QTY | DESCRIPTION OF ITEMS TO PURCHASE | ITEM/CATALOG # | UNIT COST | EXT’D COST
---|-----------------------------------|----------------|-----------|-----------

NOTES:

SUBTOTAL: ____________

TAX: ____________

SHIPPING: ____________

NOT TO EXCEED: ____________

REQUIRED APPROVAL SIGNATURES:

STUDENT CLUB REP: _____________________

CLUB ADVISOR: _____________________

ASB TREASURER: _____________________

ADMINISTRATOR: _____________________

ASB COMPTROLLER: _____________________

ASB EXECUTIVE COUNCIL:

APPROVED: ____________

DENIED: ____________

DATE OF MINUTES: ____________

ASB SECRETARY: _____________________

ASB COMPTROLLER ONLY:

TELEPHONE: _____________________

FAX: _____________________

CONTACT: _____________________

FAX PO?: ____________

YES  NO

ASB COMPTROLLER ONLY: