



CHS ASB REQUISITION

DATE: _____ SUBMITTED BY: _____

ASB Acct #: _____ ASB Account Name: _____

DESCRIBE ACTIVITY/EVENT : _____ DATE OF EVENT: _____

ASB COMPTRROLLER ONLY:

DEL'D TO ADVISOR:

ACCT #

PO#

VENDOR: _____ TELEPHONE: _____

ADDRESS: _____ FAX: _____

CONTACT: _____

FAX PO? YES NO

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 COMPTRROLLER: _____

ASB EXECUTIVE COUNCIL:

APPROVED:

DENIED:

DATE OF MINUTES: _____

ASB SECRETARY: _____