Murrieta Valley High School

Associated Student Body

PURCHASE ORDER

CHECK REQUEST

Date:		Pui	rchase Order #:			
Vendor:	Charge To:					
Address:	Acct. Name: Account #:					
Phone:						
		INVOICE OR RECEIPT	S MUST BE ATTAC	CHED		
Item	Qty Description			Unit Price	Total Price	
Invoice #						
			Tax			
	Return C	heck to Requestor		Shipping		
	Mail che	ck to Vendor Address Above		Total		
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					. <u></u>	
	Club Ad	visor	Director of	Director of Student Activities		
	Club Tre	asurer	ASB Treasu	ASB Treasurer		
		Roard I	Designee			