



**NINE MILE FALLS SCHOOL DISTRICT
ASB PURCHASE REQUISITION**

**APPROVAL TO PURCHASE IS NOT GRANTED
UNTIL A VALID PURCHASE ORDER IS ISSUED.**

ACCOUNT NUMBER

DATE

VENDOR:

SHIP TO:

VENDOR NAME/ADDRESS

BUILDING/ADDRESS

NINE MILE FALLS, WASHINGTON 99026

CITY/STATE/ZIP

PHONE:

FAX

ATTN:

QUANTITY/ UNIT	VND ITEM NUMBER			
		DESCRIPTION	UNIT COST	TOTAL COST
SPECIAL INSTRUCTIONS:			SUBTOTAL	
			FREIGHT	
			TAX	
			TOTAL	

THIS REQUISITION IS TO BE FORWARDED TO THE ASB CLERK (HIGH SCHOOL) FOR PROCESSING. IF APPROVED, A PURCHASE ORDER WILL BE ISSUED WHICH ENTITLES THE ISSUER TO PURCHASE THE ITEM(S) OR SERVICE.

ACCOUNTING:

APPROVAL

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ASB

COACH / ADVISOR

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ACTIVITY DIRECTOR / PRINCIPAL

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