☐ Purchase Requisition
☐ Check Request
☐ Cash Purchase Order

Chino Valley Unified School District

Associated Student Body - Organized

Combination Purchase Requisition/Check Request

School Name _____ Number _____

Student Body Account _____ # _____ P.O.# _____

Payee _____ Invoice # _____

Address _____ Invoice # _____

City, State & Zip _____ Date Required _____

(Attach **Original** Invoices and Remittance Copies or **Original** Receipts With This Request.)

Purpose for Goods or Services _____

Are Goods for Resale? _____ Unused Items Returnable? _____ Unit Resale Price $ _____

SPECIAL INSTRUCTIONS: ☐ Mail Check to Payee ☐ Mail Check to School-Attn: _____

Quantity	Unit	Description of Goods or Services	Unit Cost	Total Cost

Payee Sign Below When Requesting Reimbursement _____

SPECIAL INSTRUCTIONS: _____

Sub-Total	$ 0.00
Shipping/Handling	
Sales Tax	
TOTAL	$ 0.00

APPROVALS

Moved _____ Seconded _____ Yes _____ No _____ Abstain _____

Appears in Student Body Minutes Dated _____

Club Advisor _____ Date _____ Principal/Designee _____ Date _____

Student Body Officer _____ Date _____ District Approval _____ Date _____

THIS SPACE FOR FINANCE OFFICE USE ONLY

Check Number _____ Current Balance $ _____

Issue Date _____ Check Amount $ _____

Mail Date _____

Signature - Business Office/Finance Clerk _____

Distribution: WHITE-Business Office/Finance Clerk YELLOW-Club File PINK-School File ASB Form 638-Revised 2011