

Purchase Requisition	Chino Valley Unified School District			
Check Request	<i>Associated Student Body - Organized</i>			
Cash Purchase Order	<i>Combination Purchase Requisition/Check Request</i>			
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 _____			Sub-Total	\$ _____
SPECIAL INSTRUCTIONS: _____			Shipping/Handling	_____
			Sales Tax	_____
			TOTAL	\$ _____
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				