☐ Purchase Requisition

☐ Check Request

Chino Valley Unified School District

Associated Student Body - Unorganized

Combination Purchase Requisition/Check Request

School Name _____ Number _____

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

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
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00

Payee Sign Below When Requesting Reimbursement

_____

SPECIAL INSTRUCTIONS: _____

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

APPROVALS

Principal/Designee _____ Date _____ District Approval _____ Date _____

THIS SPACE FOR FINANCE OFFICE USE ONLY

Check Number _____ Current Balance $ _____

Issue Date _____ Check Amount $ _____

Mail Date _____

Signature - Finance Clerk/Business Office _____

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