



Castle Park High Associated Student Body

**PURCHASE ORDER REQUEST** \*\*Please attach a copy of the estimate.

Date of Request	
Vendor Name	
Vendor Address	
Vendor Telephone	
Vendor Fax	

**ITEM(s) ORDERED**

Quantity	Description	Unit Price	Total
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Sales tax & Shipping			\$
Not to exceed total			\$

Ordered by:

Signature	Print Name
Trust Account	Trust Number

\*\*\*\*\*For ASB Use Only

Date:	
Trust Account Balance:	
Approved by:	