

# ARROYO HIGH SCHOOL ACTIVITIES OFFICE

# REQUISITION FORM

4921 Cedar Avenue, El Monte, CA 91732 (626) 444-9201

Date Submitted: \_\_\_\_\_

PO#: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Not to Exceed: \$ \_\_\_\_\_ Advisor Signature: \_\_\_\_\_

Purpose: \_\_\_\_\_

## APPROVAL FOR PAYMENT:

I hereby certify that the following has been approved for payment by resolution of the Associated Student Body.

Date Approved: \_\_\_\_\_

ASB Treasurer: \_\_\_\_\_

## FOR OFFICE USE ONLY

QTY	UNIT		PRICE	AMT

Assistant Principal: \_\_\_\_\_ Principal: \_\_\_\_\_