AUXILIARY OPERATIONS / STUDENT ACTIVITIES PURCHASE ORDER REQUISITION

Coolidge Unified School District

ENGAGE - CHALLENGE - INSPIRE

Requested by: _____ Date: _____

Club/Organization: _____ Account Code: _____

Purpose for Goods/Service Requisitioned:

This purchase is in accordance with the approval recorded in meeting minutes of _____, 20 _____ on file in principal's office.

Signature of Student Council/Government Officer: _____

*Signature of Student Council/Government Sponsor: _____

*Signature of Sponsor: _____

Signature of Administrative Approval: _____

VENDOR: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NOTE: COPY OF THE STUDENT ACTIVITY MINUTES REFLECTING THIS PURCHASE MUST BE ATTACHED TO ALL 800 ACCOUNT EXPENDITURES.
***SIGNARURES REQUIRED FROM STUDENT GOVERNMENT SPONSOR AND CLUB SPONSOR**

Quantity	Description	Catalog or Item No.	Unit Cost	Extension
			SUBTOTAL	
			TAX	
			FREIGHT/SHIPPING Actual, if known	
			Or 10% of subtotal	
			TOTAL THIS ORDER	

FUNDS CUSTODIAN USE ONLY

PURCHASE ORDER NUMBER: _____ **DATE:** _____

SIGNATURE OF FUNDS: _____

Updated July 2022