

# **PRE-AUTHORIZATION/PURCHASE ORDER REQUEST**

This form must be completed and signed by ASB **BEFORE** you make a purchase or place an order that needs to be reimbursed. Retain the signed copy along with your purchase receipts to be submitted with your check request.

Please allow **one week** to process. Please use a blue or black pen. **Do not cross out or change info.**

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

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_ Advisor Name: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Paid To (name on the check): \_\_\_\_\_

\*If this is an Independent Contractor (personal check that is not a reimbursement) add the date of the board approval

Approximate Amount of Purchase (include tax and shipping): \$ \_\_\_\_\_

\*Check/ Reimbursement amounts will not exceed the balance in the account regardless of pre-auth amount.

Date of Approval in Club Minutes: \_\_\_\_\_

Description of Purchase: \_\_\_\_\_

Reminder: No gifts. No gift cards. All online purchases must be delivered to the school.

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Admin Signature (if needed): \_\_\_\_\_

(ie: pre-auths to an advisor, pre-auths out of compliance)

☐ Check here if you need Purchase Order generated.

Address of Vendor for PO: \_\_\_\_\_

**This form complies with State Ed Code Section 48933 (b)**

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**For ASB Use Only**

**APPROVAL:** We hereby certify that this request has been approved by an official vote of the Associated Student Body Cabinet:

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

Activities Director: \_\_\_\_\_