

STUDENT ACTIVITIES REQUISITION
Mesa Unified Schools

Sponsor: Date given to secretary: _____

Secretary: Date received: _____

SCHOOL NAME _____ Req# _____ Buyer _____

Account/Club Name _____ Acct # _____

REQUEST FOR (check one) : Purchase Order Cash Envelope Check Donation Scholarship

Vendor Name _____

Send To: Amount \$ _____

Address _____

Vendor

City, State _____

Requisitioner

Zip Code _____

Other _____

QUANTITY	UNIT	DESCRIPTION OF ITEMS OR SERVICES	UNIT PRICE	TOTAL
Fill in quantity ordered	Fill in ea, box, etc.	What are you purchasing? (e.g. awards, performing arts or athletic apparel/accessories; computers/software, edible items, entry or registration fees, trophies, etc.) A <u>complete description</u> needs to be stated: For what purpose? Will items be picked up or delivered? Is tax, shipping & handling included? Include event and dates if applicable. Capital Item(s) need to be listed per item on a purchase order, not a blanket PO request. If additional lines are needed, attach a separate piece of paper listing the quantity, description and costs. FOR CASH ENVELOPES-STORES NEED TO BE LISTED FOR SHOPPING	Fill in unit price	Fill in extended cost
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			Subtotal:	\$
		(Calculate 5.6% usage tax for out of state vendors who did not include tax in their billing)	Tax:	\$
			Shipping/Handling:	\$
		Open P O Authorized Signatures: 1. _____ 2. _____	TOTAL:	\$

AUTHORIZING SIGNATURES

Student Club Officer _____

Student Council Officer _____

Club Sponsor/Advisor _____

Student Council Advisor _____

(Before signing, please read and initial the applicable bullets below)

Meeting Minutes Date _____

Phone Ext: _____

Administrator _____

____ As club Sponsor, I acknowledge that no merchandise or services have been received. If this is an after the fact purchase, I acknowledge that I may be personally responsible for all costs.

____ As Club sponsor, I have read GB Policy JL & JL-R. This purchase will be in Compliance with the Wellness Policy.

____ As Club Sponsor, I acknowledge that I am responsible for all cash, receipts and the return of the completed signed cash envelope.

DISTRICT USE ONLY:

Approval Signature: _____

Approval Date: _____

C/E Date: _____

C/E Due Date: _____

Ck # _____