

**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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State \_\_\_\_\_  
 Zip Code \_\_\_\_\_

**Send To:** \_\_\_\_\_ **Amount \$** \_\_\_\_\_  
 Vendor  
 Requisitioner  
 Other \_\_\_\_\_

QUANTITY	UNIT	DESCRIPTION OF ITEMS OR SERVICES	UNIT PRICE	TOTAL
Fill in quantity ordered	Fill in ea, box, etc.	<p><b>*What are you purchasing?</b> (i.e. awards, apparel, computers/software, entry or registration fees, trophies, supplies, etc.)</p> <p><b>*A complete description needs to be stated:</b> What are you purchasing, For what purpose? Will item(s) be picked up or delivered? Is tax, shipping &amp; handling included? Include event and dates if applicable.</p> <p><b>*Capital Item(s) are to be listed per item on a purchase order, not a blanket PO request.</b></p> <p><b>*CASH ENVELOPE REQUEST-STORES NEED TO BE LISTED FOR SHOPPING</b>            Note, Cash envelopes are to be used at local vendors that do NOT take purchase orders</p>	Fill in unit price	Fill in extended cost
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
		Need more room, attach a separate piece of paper listing the quantity, description and costs.	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: \_\_\_\_\_  
 F Yei jg]hcbYf. \_\_\_\_\_  
 (Before signing, please read and initial the applicable bullets below)

Phone Ext: \_\_\_\_\_

Student Council Officer \_\_\_\_\_  
 Student Council Advisor \_\_\_\_\_  
 Meeting Minutes Date \_\_\_\_\_  
 Administrator \_\_\_\_\_

- \_\_\_\_\_ 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.
- \_\_\_\_\_ I have read GB Policy JL & JL-R. This purchase will be in Compliance with the Wellness Policy.
- \_\_\_\_\_ 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 # \_\_\_\_\_