



VALENCIA HIGH SCHOOL

ASSOCIATED STUDENT BODY

PURCHASE ORDER REQUISITION

Vendor Name: _____ Date: _____

Address: _____ Phone #: _____

City / St: _____ Zip code: _____

Requisitioner: _____ Account #: _____

QUANTITY	DESCRIPTION / PURPOSE	UNIT PRICE	AMOUNT
			TOTAL

**NOTICE TO VENDORS: THIS IS NOT AN ORDER.
DO NOT ACCEPT UNLESS ACCOMPANIED BY A HARDCOPY PURCHASE ORDER.**

Approved by: _____

Student Rep. of Account – Required

Approved by: _____

*Faculty Advisor of Account - Required
or Department Chair*