



Silverado High School
Purchase Order Request
 Associated Student Body



Date: _____

Club: _____

Total Amount: _____

Date Check Needed: _____

Vendor: _____

Purpose: _____

Requested by: _____

Contact Information: _____

Club President: _____ Date: _____

Club Advisor: _____ Date: _____

ASB Meeting: _____

APPROVED: _____ DENIED: _____

ASB President: _____ Date: _____

ASB Advisor: _____ Date: _____

Principal/ Admin: _____ Date: _____

PO # _____

*Requests submitted after end-of-day Tuesday
 may be subject for approval the following week.*