Request for a Purchase Order

This form will need to be fully completed with all appropriate signatures and have supporting documentation attached before it can be processed to receive purchase order. When completed return the form to the ASNIC Office or to the ASNIC Accountant in the Auxiliary Services Office. Purchase Orders are generated each morning by the ASNIC Accountant.

Date: ____________________  Amount: ____________________

Vendor Name: ___________________________________________________________

Address: _______________________________________________________________

City/State/ZIP: ___________________________________________________________

Club/Organization: _________________________________________________________

Responsible Individual _____________________________ Phone: ____________________

Purpose: _______________________________________________________________

________________________________
ASNIC Account Name ________________  Account Number: _ _ - _ _ _ __ _ _ _

P.O. Distribution Instructions:

_____ Mail the P.O. to the Vendor  _____ Other __________________________

_____ Pick up in ASNIC Office  _____ Pick up from the ASNIC Accountant

Required Authorizations For:

ASNIC Board Members  Required Authorization For:  Required Authorization For:

ASNIC President’s Signature  Clubs Advisor’s Signature  Events Board Member Signature

ASNIC Advisors Signature  Club President’s Signature  Advisor’s Signature

A Purchase order will not be processed if this form is not complete, have appropriate documentation, and signatures.