

Toltec Elementary School District #22
AUXILIARY / STUDENT ACTIVITIES
 ACES / CPA / TES
Purchase Order / Check Request

Return to District Office 2 WEEKS prior to needing Purchase Order / Check

Name of School: _____ PO#: _____

Club/Organization Name: _____ Date: _____

Sponsor's Name: _____ Club Officer: _____
 (Signature) (Signature)

Date Authorized in Club Minutes: _____

One Request Per Vendor

Request for Purchase Order / Check (Circle One)

Amount of Check: _____ Date Check Needed by: _____

Vendor Name: _____

Mailing Address: _____

Description of Service(s) or Item(s) to be purchased:

Quantity	Items	Approximate Cost

Attached a separate sheet for additional information (if needed)

Purpose of Purchase / Check: _____

For Student Government Use Only

Request Approved: Yes No Request Disapproved: Yes No

Comments: _____

Student Government Officer/
 Teacher/Sponsor _____
 (Signature) _____ Date _____

School Principle: _____
 Signature _____ Date _____