

REQUISITION NO: _____

SEDONA-OAK CREEK SCHOOL DISTRICT # 9

STUDENT ACTIVITIES REQUISITION

**** APPROVING MINUTES MUST ACCOMPANY THIS REQUEST ****

SCHOOL _____

CLUB NAME _____ DATE _____

AUTHORIZING SIGNATURES

CLUB OFFICER _____

SPONSOR _____

PRINCIPAL _____

REQUEST FOR PURCHASE ORDER

ISSUE PURCHASE ORDER TO: _____

MAILING ADDRESS: _____

DESCRIPTION OF SERVICES OR ITEMS

QTY	ITEMS/SERVICE	UNIT COST	AMOUNT
			\$
		TOTAL	\$

PURPOSE (EVENT, DATES, ETC)

-----BUSINESS OFFICE USE-----

Account Code: _____

Business Office: _____
