

Requisition Form
 Palos Verdes High School
 600 Cloyden Road, Palos Verdes Estates CA 90274
 (310) 378-8471

Name:
 Street:
 City, State, Zip:

Requisition Number:
 Purchase Order Number:
 Today's date:
 Date check needed: .

Mail

Hold for pick up by _____
self/name of other person authorized to pick up check

For office use only

Balance to date:	This requisition:	Total remaining:
------------------	-------------------	------------------

Account Number: _____ Purpose: _____

 Club/Organization Sponsor

 ASB President

 Administrative Approval

 ASB Treasurer

****All requisition forms must be turned in to the Student Store by noon on Monday in order for checks to be prepared that week.**

****No checks issued without receipt(s) attached to white copy of requisition form.**

White – Student Store Pink – Organization Sponsor Yellow - Administrator