

**ATHLETICS
PURCHASE ORDER REQUEST FORM**

Date: _____ Girls / Boys Sport: _____

ASB or District Funds: _____ Amount: _____
If ASB put account # _____

Budgeted Item? Yes _____ No _____
If NO: Minutes Date _____

Items to be Purchased: _____
(attach quote if possible)

Purpose: _____

Payable To: _____

Address: _____

Print Name of Person Requesting: _____

Advisor's Signature: _____

Approved _____ Denied _____

Athletic Director Date

Approved _____ Denied _____

Title IX Coordinator/Designee Date