



Click "Highlight Existing Fields" button
above to view input fields in blue

AUXILIARY PURCHASE ORDER REQUEST

(A quote or estimate must be attached)

DATE:	REQUESTED BY:	PHONE/EXT
ACCT #:	ACCT NAME:	

Vendor Information			Accounting Instructions	
Name			Mail	
Address			Will Hand-carry	
City	State	Zip Code		
Phone No.	Fax No.		Date Required	

If Tax Exempt, click
on the check box

Item	Quantity	Description	Unit Cost	Total

Subtotal	
Tax (7.75%)	
Total	

***APPROVAL. All required signatures must be obtained prior to processing.
Attach Board Approval (when required).**

1. Associated Student Body Budgeted

ASGWC Finance Commissioner or President Date

Student Activities Director Date

1. Student Club Accounts

Club Officer Date

Club Advisor Date

Student Activities Director Date

1. Trust Accounts

Account Advisor Date

Designated Administrator Date

For Fiscal Services Internal Office Use	
Vendor#	
Voucher#	
Batch#	
Account#	
Verified	Date

Copy Distribution:
Original: Campus Fiscal Service Office
Copy: Student Activities/Division Office (Trusts)