

ATHLETICS PURCHASE ORDER REQUEST FORM

Date: _____

Girls / Boys Sport: _____

ASB or District Funds: _____

Amount: _____

If ASB put account # _____

Budgeted Item? Yes _____ No _____

If no date of minutes _____

Items to be purchased: _____

(attach quote or invoice if possible)

Purpose: _____

Payable To : _____

Address: _____

Print Name of Person Requesting: _____

Coach/Advisor Signature: _____

Print Name of Athlete/Student _____

Athlete/Student Signature _____

Approved _____

Denied _____

Athletic Director

Date

Approved _____

Denied _____

Title IX Coordinator / Designee

Date