

ASSOCIATED STUDENT BODY OF CARMEL HIGH SCHOOL

SHIP TO: 3600 OCEAN AVE, CARMEL, CA 93923
 MAIL INVOICE TO: PO BOX 222780, CARMEL, CA 93922

TODAY'S DATE _____

PURCHASE ORDER

PAYMENT TO:

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

NUMBER

**One Vendor per
Purchase Order**

QTY	ARTICLES TO BE PURCHASED	AMOUNT
	TAX	
	SHIPPING	
	TOTAL	

ATHLETIC APPARAL ORDERS – Attach Artwork

Garment Color Approved: _____
Athletic Director

Logo Approved: _____
Athletic Director

Club Name; _____

NOTE: Purchase Orders will not be processed without an attached copy of club meeting minutes.

I hereby certify this request has been approved by the:

_____ and appears in the minutes of _____.

Club or Class Date

President of Club/Class Signature Advisor Signature

FOR ASB USE ONLY

Club Account Number _____

I hereby certify this request has been approved by the Associated Student Body of Carmel High School and appears in the minutes of _____.

_____ _____ _____

ASB Officer Activity Director Principal

CHECKS ISSUED:

Name	Amount	Check Number	Date Issued

