

# REQUISITION

## ASB Requisition

LA CENTER HIGH SCHOOL  
 PO BOX 1780  
 725 HIGHLAND ROAD  
 360-263-1700 FAX 360-263-1705

DATE \_\_\_\_\_

STAFF \_\_\_\_\_

VENDOR:

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

VENDOR # \_\_\_\_\_

Quantity	Catalog #	Description	Unit Price	Total
TOTAL				

SIGNATURES BELOW

ACCOUNT CODE  
 \_\_\_\_\_

ADMINISTRATION  
 \_\_\_\_\_

TREASURER  
 \_\_\_\_\_

ASB ADVISOR  
 \_\_\_\_\_