GOLDEN WEST COLLEGE
HUNTINGTON BEACH, CA

ASSOCIATED STUDENT BODY [ ]
CLUBS [ ]
BOOKSTORE TRUST [ ]

PURCHASE ORDER REQUEST

DATE:_____ **REQUESTED BY:**_____ **PHONE/Ext.**_____

ACCT. #:_____ **ACCT. NAME:**_____

Vendor Information	Accounting Instructions
Name	**[ ] Mail**
Address	**[ ] Fax**
City **State** **Zip Code**	**[ ] Will handcarry**
Phone No. **Fax No.**	**Date Required**_____

Item	Quantity	Description	Unit Cost	Total
			Sub Total	
			Tax	
			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

2. Student Club Accounts

_____
Club Officer Date

_____
Club Advisor Date

_____
Student Activities Director Date

3. Trust Accounts

_____
Account Advisor Date

_____
Designated Administrator Date

Vendor # _____

Voucher # _____

Batch # _____

Account # _____

Verified_____ Date _____

8/10 • Fiscal Services

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