ASSOCIATED STUDENT BODY

CALISTOGA ELEMENTARY SCHOOL PURCHASE ORDER 2014-2015

			Office Use Only: P.O. Number: CES 14-			
			Date:	//20		
Vendor Information:						
			CTUDENT DADY			
Name:	FROM: ASSOCIATED STUDENT BODY CALISTOGA ELEMENTARY SCHOOL					
Address:						
Address: City/St //Zin			c/o Calistoga Joint Unified School District			
City/St./Zip			1520 Lake Street, Calistoga, CA 94515			
Phone:	· · · · · · · · · · · · · · · · · · ·			7) 942-4703		
Fax:		(707) 942-6589 (FAX)				
NOTE TO VENDOR:						
	appear on all package	es, boxes, invoices and shipping	documents			
QUANTITY	DESCRIF	PTION	UNIT PRICE	TOTAL		

This document is not considered approved until all four signatures are obtained below. SUB TOTAL \$ Requested by: TAX \$ Print Name Signature Quote(s) or other documentation must be attached before submitting for approval. Approved: CES/ASB Executive Council FREIGHT \$ Signature Date Approved: CES/ASB Advisor Signature Date Approved: TOTAL \$ Principal Date Signature