



ASB Procurement-Card - Transaction Form

Date: _____

Ship to: _____

Vendor: _____

Contact: _____

Deliver to: _____

Phone: _____

Attention: _____

Ship Via: _____

Extension: _____

Special instructions: _____

Qty	Units	Item #	Description	Unit Price	Total	Account Code

Subtotal: _____

Sales/Comp Tax: _____

Shipping: _____

Misc. Charge: _____

Total Cost: _____

ASB Advisor: _____ Date: _____
Signature

ASB Student: _____ Date: _____
Signature

ASB Bookkeeper: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature