

INTERNAL USE ONLY
Los Angeles City College

Funding: LACC TRUST ASSOCIATED STUDENTS ORG.

Request for: PURCHASE ORDER CHECK

Account No. _____

To be Mailed To be Returned

QUANTITY	DESCRIPTION	UNITPRICE	AMOUNT
		Sub-Total	
		Sales Tax	
		Shipping Charges	
		TOTAL	

Suggested Vendor or Payable to: _____ Attn: _____

Address _____

City _____ Phone No. _____

Deliver Merchandise at _____

Attn: _____

Date _____

Requested by _____

Approved by _____

FOR BUSINESS OFFICE USE ONLY	
Funds Available _____	By _____
Purchase Order No. _____	
Check No. _____	