Central Arizona Valley Institute of Technology

CLUB NAME: _____

MINUTES MUST BE ATTACHED

STUDENT ACTIVITIES REQUISITION

Vendor: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Date Needed:** _____

Purpose: _____

QUANITY	ITEM #	DESCRIPTION	UNIT PRICE	TOTAL
			Subtotal	
			Tax	
			Total	

Club Officer Signature: _____ **Date:**_____

Club Sponsor: _____ **Date:**_____

Administrator: _____ **Date:** _____