



# PURCHASE ORDER

*THIS PURCHASE ORDER MUST BE PROCESSED THROUGH THE A.S. BUSINESS OFFICE*

DATE: \_\_\_\_\_

Mail invoices to:  
**Associated Students**  
 Humboldt State University  
 Arcata, California 95521  
 (707) 826-3771

**NOT VALID WITHOUT AN A.S. ISSUED PO #**

NO. _____
<i>This number must appear on all packages, invoices, etc.</i>

Company	_____
Address	_____
City, State, Zip	_____
Phone	_____
Fax	_____

SHIP TO
_____
_____
_____
_____
_____

Quantity	Unit	Description	Unit Price	Amount

Account \_\_\_\_\_

Line-Item \_\_\_\_\_

Account No. \_\_\_\_\_

Approved By \_\_\_\_\_

DIRECTOR OF ACTIVITY

\_\_\_\_\_

A.S. EXECUTIVE DIRECTOR

Subtotal \_\_\_\_\_

Tax \_\_\_\_\_

Shipping \_\_\_\_\_

Total \_\_\_\_\_

Copies to: A.S. Business Office, Director of Activity, HSU Shipping and Receiving