Community Colleges of Spokane

Spokane Community College
STUDENT ACTIVITIES PURCHASE REQUEST

Reset Form

Club or group _____ Advisor _____

Date requested _____ Date needed _____

Item description (Be specific: brand name, color, size, etc.)	**Quantity**	**Unit price**	**Total price**
		TAX	
		TOTAL	

Justification _____

_____

_____

Order from/vendor _____

Address _____

Phone _____ FAX _____

Advisor's signature _____