

Division of Financial and Business Services

**PURCHASE ORDER FORM**

**Associated Students of the School of Pharmacy**

**Dean Subsidy Account**

**To:** Eun Bi Na, ASSP Vice President of Finance

**From:** Name of PO Requestor

**Date:** Date

**Subject:** Name of Event and Organization Responsible

**Description of Event/Service:**

Name of Event: Click or tap here to enter text.

Purpose: Click or tap here to enter text.

Date of Event: Click or tap here to enter text.

Time: Click or tap here to enter text.

Number of People Attending: Click or tap here to enter text.

Dollar Amount Requested: Click or tap here to enter text.

**Internal Requisition to:** Name of USC Approved Vendor

**Contact Information for Event/Service:**

 Name: Click or tap here to enter text.

 Title: Click or tap here to enter text.

 Phone: Click or tap here to enter text.

 Email: Click or tap here to enter text.

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Requestor’s Signature Date

To be completed by ASSP Vice President of Finance:

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ASSP Vice President of Finance’s Signature Date

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Susie H. Park, PharmD, BCPP, FCSHP Date

Associate Dean for Student Affairs

Received by ASSP Faculty Advisor on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) part of invoice #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_