



# CLUB/ORG ORDER REQUEST FORM

Requester: _____	Date: _____	Vendor: _____
Club Name: _____	Phone: _____	Website: _____
Acct No.: _____	Needed By: _____	Ship to: <u>CSUDH ASI</u>
Approval: _____ (Authorized Signer)		Address: <u>1000 E Victoria St</u>
		City, State, Zip: <u>Carson, CA 90747</u>

General Supplies

Tabling Supplies

Event Supplies

Event Name: \_\_\_\_\_

ITEM #	ITEM DESCRIPTION	UNIT PRICE	QTY	TOTAL
<b>GRAND TOTAL:</b>				