

CUPERTINO HIGH SCHOOL – ASB CHECK REQUEST FROM

ORGANIZATION _____ ACCOUNT # _____

AMOUNT \$ _____

DATE: _____

PAY TO: _____ (STU ID) _____

ADDRESS: _____
STREET CITY STATE ZIP

PURPOSE FOR PAYMENT _____

PLEASE GIVE A BRIEF, BUT COMPLETE EXPLANATION

APPROVAL: Please attach the receipt to the back of the request and then have the Advisor and a Student Representative (not yourself) sign below before submitting for payment or re-imbursement. Please turn this form in **DIRECTLY** to the ASB Office after obtaining these two signatures.

ADVISOR (NAME) _____ (SIGNATURE) _____

STUDENT REP (NAME) _____ (SIGNATURE) _____

How would you like your check to be handled: check the appropriate box:

- Put in my school mailbox
- I will come pick it up at the ASB Office (Room 724)
- Please mail the check to the address above.

The signatures below will be obtained after the request is submitted

ASB TREASURER (SIGNATURE) _____

SCHOOL ADMINISTRATOR (SIGNATURE) _____

NOTES TO ASB OFFICE	LEAVE OPEN FOR ASB OFFICE
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