

ASB GUIDELINES 2013-2014

ASB Bookkeeper District Wide: Robbyn Webster

Office Hours: 7:30 am to 4:30 pm M-F

Phone Number: 760-955-3201, EXT 10219

Email: rwebster@vvhhsd.org

1. GETTING STARTED – FORMING A CLUB/CLASS

Application for Club & Activation Forms

- Each club/class must submit these forms to ASB Advisor/Student Council for approval before **ANY** activity is allowed
- Return all completed forms to Bookkeeper for Activation

Approved Clubs must have:

- A Purpose
- Regular meetings with approved meeting minutes
- A constitution that outlines policies & rules
- An ASB club advisor
- An approved budget
- All club expenditures pre-approved and all required signatures are obtained

2. HOLDING FUNDRAISERS

- Fill out **Fundraiser Request** form **COMPLETELY**
- Obtain all required signatures
- Return completed form to bookkeeper or ASB Advisor/Student Council for approval at the ASB weekly meetings
(**Must be submitted at least 2 days before ASB meeting or it will fall to the next ASB meeting**)
- Must submit Purchase Order Request with Fundraiser request, if needed
- After ASB approves via ASB meeting and recorded minutes, student council will give club advisor an approved copy for your records
- Student(s) **MUST** fill out Fundraising Permission Form once a year (**this form must be kept by the advisor**)

3. SPENDING FUNDS- MUST BE PAID DIRECTLY TO VENDORS

- Fill out **Purchase Order Request** form in entirety. **Every vendor must be named on the PO request** (no multiple or various) and any change to the PO must be approved thru ASB student Council. An invoice/receipt from a vendor not on the PO request will **NOT** be paid (See below for Reimbursements)
- **Every PO MUST have a dollar value, NO Not to Exceed amounts**
- Obtain all required signatures and submit to ASB Advisor/Student Council for approval at weekly meeting
- After approval – PO# will be assigned by bookkeeper and a copy will be given to club advisor and ASB advisor
- The Purchase order can then be used to place your order
- When order is received, sign original invoice and write "OK to pay". Submit packing slip, invoice/receipt, W-9 and check request to bookkeeper to request payment (allow at least one week)
- Invoice/Receipt must be original, cannot pay off statement or copy

ASB GUIDELINES 2012-2013 CONTINUED

- **W9's** must be submitted along with the original invoice for all vendors, who are not incorporated, before a check can be cut

CHECKS

- Checks will be cut weekly. If a check needs to be cut at any other time, please contact the Bookkeeper to make arrangements

W-9 FORMS

- A **W-9** form must be submitted with every new vendor Purchase order request; if not the Purchase order will not be processed until one is submitted to the Bookkeeper
- A new **W-9** is required for every vendor the beginning of every New Year; if not the Purchase order request will not be processed until one is submitted to the Bookkeeper **(near the end of the year start requesting W9's to be sent to you for every vendor you use or are going to use)**

REIMBURSEMENTS

IF A VENDOR DOES NOT TAKE PURCHASE ORDERS YOU MUST FIRST SUBMIT A REIMBURSEMENT PRE-APPROVAL FORM THEN A CHECK REQUEST WHEN PAYMENT/REIMBURSEMENT IS NEEDED

- **Reimbursements NOT pre-approved will not be reimbursed**
- Person seeking reimbursement must be on PO request, have an approved reimbursement form and then submit original receipts with check request form within 30 days
- Allow at least one week for checks to be cut
- **Please remember any receipt(s) more than 30 days old, any receipt(s) with personal items, or any receipt(s) not itemized will be denied payment**
- **Any receipt(s) totaling more than \$250.00 needs a Directors/Admin signature before turning into Bookkeeper**

GIFT CARDS

- **Only for Students for such things as reward, incentive or assemblies and must have a list of students who received gift card with denomination and vendor**
- **NO reimbursements will be allowed for gift cards purchased for teachers and staff**

FOOD

- **All food related activities MUST be pre-approved by Food Services. Reimbursements for food during school hours are NOT allowed.**
- Food for after school hours is allowed and reimbursable if all proper procedures are followed including a list of students involved.

TRAVEL

- When teams travel they can be reimbursed for breakfast, lunch and dinner if over 60 miles away one way. A list of students who traveled is required for reimbursement along with a pre-approval form and check request form.

4. RECEIPTING

- Use provided receipt books that must be logged and returned to bookkeeper when finished. All monies turned in must be accompanied by a list/log/tally sheet that explains where the money came from, how much should be turned in and who sold what items. This is required for audit purposed and money without backup will not be accepted.

ASB GUIDELINES 2012-2013 CONTINUED

- Absolutely NO money can be collected without giving the payee a receipt

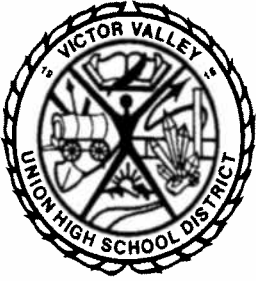
5. CASH BOXES AND TICKET CONTROL

- All cash boxes must be assigned pre-numbered (and logged) tickets for all price levels. For cash boxes that do not need tickets – proceeds **MUST** have a tally/list/log sheet of sales
- A **Gate form** will be in your cashbox with control tickets assigned and must be signed out and signed back in.
- When money and tickets are returned the gate form must be completed and tickets and money accounted for (**an advisor must verify and sign gate form**)
- **PLEASE GIVE AT LEAST A ONE WEEK NOTICE FOR CASH BOX/TICKET PICK UP FROM BOOKKEEPER**

CASH BOXES

- Fund source for all cash boxes will be from individual club accounts
- Shortage/overage will be reconciled via your club account
- There must be at least **two (2)** persons per cash box at all times. One must be an adult
- Cash boxes must be turned into the bookkeepers office immediately following event when possible if not then absolutely by next business morning in all other situations

PLEASE PLAN AHEAD- ASB MEETS ONCE A WEEK. WITH THE ACTIVITIES DIRECTOR APPROVAL SPECIAL MEETINGS CAN BE HELD, THIS SHOULD BE FOR SPECIAL AND URGENT SITUATIONS ONLY AND NOT FOR NORMAL BUSINESS THAT CAN BE HANDLED AT REGULAR MEETINGS. DATES AND TIMES ARE SUBJECT TO CHANGE BASED ON HOLIDAYS AND SCHOOL SCHEDULE CHANGES.



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ASB POINTS OF INTEREST FOR THE 2013-14 SCHOOL YEAR

- 1. All PO's must have a DOLLAR amount. (CANNOT have a Not to Exceed sales or account balance)**
- 2. No personal or staff checks accepted. Business checks are acceptable until further notice. \$25.00 return check charge will apply.**
- 3. Every ASB meeting must have a sign-in sheet for all ASB student council members to show attendance for meetings minutes.**
- 4. W-9's for ALL vendors not incorporated.**
- 5. Per auditors - There MUST be back-up (tickets, log, list, tally sheet) of all monies turned in. Especially Snack Bars and other similar fundraisers.**
- 6. Gas reimbursements are for rental vehicles only. Mileage reimbursement for personal vehicle usage for school related business.**
- 7. Reimbursements MUST be pre-approved (see pre-approval form & check request form) prior to purchases and submit request for check form with original receipts for reimbursements.**

- 8. Receipts for reimbursement must be original, itemized (showing what was purchased), and must be submitted within 30 days. (no personal items or alcohol)**
- 9. Large events, allow 30 days advance notice to get all paperwork requirements and check disbursement.**
- 10. Items bought by clubs that exceed \$500 in value must have a district asset tag.**
- 11. When groups travel there must be a list of the students who are traveling or attending an event. Meals will be reimbursed if location is 60+ miles away (one-way) and includes breakfast, lunch & dinner. (NO snacks or misc. items)**
- 12. Gift Cards – For students ONLY for reward/incentive etc and must include a list of students who received cards along with denomination and vendor.**
- 13. Food – Any food related activity during school hours must be approved by food services.**
- 14. NO Staff appreciation meals.**
- 15. NO reimbursement of food related items during school hours. Food for after school hours or travel is allowable if proper procedures were followed.**

SITE: _____

ASB ACCOUNT ACTIVATION FORM

2012 – 2013

Date: _____

Club(s) _____

Advisor _____

I acknowledge that I am responsible for the following FCMAT and District procedures. If procedure is not followed, the club account and activities will be frozen and additional consequences may follow.

- All orders, purchases, and fundraisers must be **pre-approved** by:
 1. Submitting PO Request and/or Fundraiser Request form to ASB Bookkeeper
 2. ASB Executive Council minutes of approval
- Students who choose not to fundraise cannot be excluded from athletics and/or club activities.
- Merchandise must be shipped to school site. No home addresses.
- All transactions must be receipted.
- Receipts and/or invoices for reimbursement or payment may not reflect personal purchases. No receipts – no reimbursements.
- No shop/class fees permitted. Student may purchase take home projects for cost of supplies through ASB Bookkeeping office. Project supply form must be submitted with payment.
- No participation fees for athletics, band, cheer, drama, team/club uniforms, spirit packs.
- PE Uniforms cannot be mandated. Voluntary purchases are allowed.
- Donations to athletic teams/clubs must be deposited in club account and used equitably among members.
- Banquets/Team Meals/Food: Students signed attendance sheet must accompany invoice for payment

Print Name _____

Signature _____

Application for Student Club

Name of School _____

Application for Student Club

I. We the students of the _____ (name of the school site), request permission to form a Student Club. Attach a list of the students sponsoring this application.

II. This club will be called _____
and will have as its purpose: _____

III. Mr./Ms. _____ (name of certificated faculty member) will serve as the advisor for this club for the _____ school year.

IV. We have attached:
A copy of the proposed constitution for this club.
A copy of the proposed budget for this club for the school year.

V. Submitted by:

Student Club Representative: _____
Signature, Title and Date

Club Advisor: _____
Signature, Title and Date

Approved by:
Principal/Site Administrator: _____
Signature, Title and Date

ASB President: _____
Signature, Title and Date

Recorded in Student Council Minutes on (date): _____

Club Information Sheet

Name of School _____

ASSOCIATED STUDENTS
CLUB INFORMATION SHEET

(PLEASE PRINT)

Fiscal Year: _____

Name of Club: _____

Name and Department of Advisor: _____

Signature of Advisor: _____

(Address)

(Phone)

Name of Club President: _____

(Address)

(Phone)

Name of Additional Student Representative: _____

(Address)

(Phone)

Name of Alternate: _____

(Address)

(Phone)

Day and Time of Club Meetings: _____

Place of Club Meetings: _____

Please Attach:

A copy of the proposed constitution for this club.

A copy of the proposed budget for this club for the school year.

INSTRUCTIONS FOR THE FORMATION OF A CLUB

Office of the Activities Director

TO: Club Advisors

Re: Outline for a Constitution

A Constitution is a written document which sets forth fundamental laws or principles under which the club is organized and operates. Most club Constitutions contain seven or eight articles. Some have additional supplementary and minor laws called By-laws. These usually contain more detailed and specific information than the main body of the Constitution.

Your club constitution should be designed to meet the particular need of your group. Once your constitution and By-laws have been put to a vote by your club and accepted by the ASB Leadership class, it becomes the basis and fundamental law of your organization.

ARTICLE I

Name

Section 1. The Name of the Organization is _____.

ARTICLE II

Purpose

Section 1. The purpose of this organization shall be to _____.
(State aims and objectives of the club.)

ARTICLE III

Membership

Section 1. (Outline the general provisions for membership in club.)

ARTICLE IV

Officers and Committees

Section 1. The officers of this organization shall be a President, Vice-President, Secretary and Treasurer.

INSTRUCTIONS FOR THE FORMATION OF A CLUB

Section 2. Nomination and Election

- A. Describe the nomination and election procedure, list standing committees and provision for Special committees.

ARTICLE V

Section 1. The Club (name) shall meet (time, place).

Section 2. Social Meeting may be called _____.

ARTICLE VI

Adaptation and Amendment

Section 1. Provision for adapting the Constitution.

Section 2. Provision for amending the Constitution.

ARTICLE VII

Powers

Section 1. Provisions for the power of Activity Specialist or Administrator's rights to veto proposal and action of the Club which might be contrary to school policy clearly stated.

ARTICLE VIII

Dues, Fees and Fines

Section 1. List power to collect the dues, and/or spend fines or fees.

This is a sample outline that a club may use as a guide. No club is required to use this format.

REQUEST FOR FUNDRAISING ACTIVITIES

School Site: _____

Date Submitted: _____

Requesting Organization: _____

Advisor: _____

Date range of proposed Activity: _____

Number of students involved: _____ Number of supervisors provided: _____

Nature of Activity & Location: (i.e. Car Wash, Snack Bar, Catalog Sales, etc.)

Item(s) for Sale: _____ Sales Price(s): _____

Sell on WebStore? _____

Estimated Expenses: _____ Estimated Income: _____

Anticipated Net Profit: _____

*(Income-Expenses=Net Profit)

Requested by & Contact info: _____

ASB Meeting: **APPROVED:** **DENIED:**

Club President: _____ Date: _____

Club Advisor: _____ Date: _____

ASB President: _____ Date: _____

ASB Advisor: _____ Date: _____

Principle/Admin: _____ Date: _____

FUNDRAISER CODE(S): _____

A PURCHASE ORDER REQUEST MUST ACCOMPANY THIS FORM IF FUNDS ARE NEEDED FOR FUNDRAISER

SITE: _____

RULES AND REGULATIONS TO PARTICIPATE IN FUNDRAISERS

Student Name: _____ (print)

1. I will be responsible for all fundraiser items checked out to me and will either return the unsold items, or pay for the items.
2. I will not depend on my friends to help me sell my fundraiser items.
3. I will turn in any monies from selling items as instructed by my adviser.
4. DO NOT check out fundraiser items if you feel you are not going to participate in selling them. You can not be withheld from participating in club activities/team sports/field trips if you do not participate in fundraising.
5. If you do not return or pay for your unsold fundraiser items the following Board Policy will apply:

It shall be the policy of the school administrators according to Board Policy 5340-1 to withhold grades, diplomas, and transcripts of pupils responsible for financial liabilities as indicated in Education Code Section 48909(a).

I have read the following rules and regulations and agree to abide by them.

Student Signature

Date

Parent Signature

Date

Student I.D.#

DEPOSIT BREAKDOWN

DATE: _____

CLUB: _____ ADVISOR: _____

FUNDRAISER: _____

	\$ 100.00	\$ -
	\$ 50.00	\$ -
	\$ 20.00	\$ -
	\$ 10.00	\$ -
	\$ 5.00	\$ -
	\$ 2.00	\$ -
	\$ 1.00	\$ -

\$ _____ - TOTAL CURRENCY

	\$ 1.00	\$ -
	\$ 0.50	\$ -
	\$ 0.25	\$ -
	\$ 0.10	\$ -
	\$ 0.05	\$ -
	\$ 0.01	\$ -

0 0

\$ _____ - TOTAL COIN

TOTAL CURRENCY&COIN \$ _____ -

TOTAL CHECKS _____

TOTAL DEPOSIT \$ _____ -

ADVISOR SIGNATURE

ASB BOOKKEEPER SIGNATURE

Tally Sheet

Name of School: _____

Name of Club: _____

Tally Sheet
Fiscal Year: _____

Fund-raiser _____

Date of Fund-raiser _____

(A) Item Sold	(B) Tally Marks	(C) Total Tally Marks	(D) Sales Price	(E) Extended Total
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			(F) Grand Total	\$
			(G) Cash Receipts	\$
			(H) Difference	\$

- (A) Description of each item being sold
- (B) Tally marks made, one mark for each item sold
- (C) Number of tally marks for that item
- (D) Individual item sales price
- (E) Total of (C) multiplied by (D)
- (F) Grand total—sum of all extended values in (E)
- (G) Cash receipts—cash count of total cash from sales, less any start up cash
- (H) Difference—if (F) does not equal (G), this is the difference between the two

Do not "force" the balance on this sheet. If there is an out of balance, it should be researched and resolved.

Report prepared by: _____
Signature, Title and Date

Club Advisor: _____
Signature, Title and Date

Site Administrator or Designee: _____
Signature, Title and Date

Presented to ASB on: _____
Date

ACTIVITY GATE/TICKET REPORT

ACTIVITY: _____

DATE: _____

CASH REPORT				TICKET REPORT					
	#	TOTAL BEGIN	TOTAL END	PRICE	COLOR	BEGIN NUMBER	END NUMBER	AMOUNT SOLD	VALUE
CURRENCY	x	\$	\$						\$
\$ 20.00		\$ -	\$						\$
\$ 10.00			\$	TOTALS					\$
\$ 5.00				\$					\$
\$ 2.00		\$ -	\$	\$					\$
\$ 1.00				TOTALS					\$
COIN									
\$ 1.00		\$ -	\$	\$					\$
\$ 0.50		\$ -	\$	\$					\$
\$ 0.25		\$ -	\$	TOTALS					\$
\$ 0.10		\$ -	\$	\$					\$
\$ 0.05		\$ -	\$	\$					\$
\$ 0.01		\$ -	\$	TOTALS					\$
CHECKS		\$	\$	\$					\$
TOTALS		\$ -	\$	\$					\$

ASB BOOKKEEPER _____

SELLER-CHECKED IN _____

SELLER-CHECKED OUT _____

NOTES: _____

SUPERVISOR _____

SITE:

Associated Student Body

Purchase Order Request

Date:

Club:

Total Amount:

Date Check Needed:

Vendor:

Purpose:

Requested by:

Contact # and/or email:

ASB Meeting:

Assigned PO #

APPROVED: _____

DENIED: _____

Club President: _____ Date: _____

Club Advisor: _____ Date: _____

ASB President: _____ Date: _____

ASB Advisor: _____ Date: _____

Principle/Admin: _____ Date: _____

**ALL PURCHASE ORDER REQUESTS MUST BE SUBMITTED AT
LEAST TWO DAYS BEFORE ASB MEETING TO BE PROCESSED
THAT WEEK, IF NOT IT WILL BE PROCESSED THE
FOLLOWING WEEK.**

VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

ASB REQUEST FOR CHECK

Date of Request: _____

School Site: _____ Club: _____

Amount of Request: \$ _____

Purchase Order No. _____

Original Invoice or Receipt Must Accompany This Request

Payable To:

Name

Street

City State Zip

Purpose :

Signature Approvals:

Club Advisor Date

ASB Student Representative Date

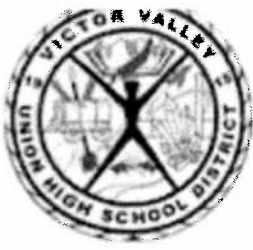
Administrator Date

Check Disposition:

MAIL

TEACHERS BOX

PICK-UP



VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

ASB Request for Pre-Approval of Reimbursement

SCHOOL SITE: _____

Name: _____ Date: _____

Club to be charged: _____ Purchase Order# _____

Items to be purchased: _____

Vendor(s): _____

Not to Exceed: \$ _____

Reason for purchase:

CLUB OFFICER: _____

CLUB ADVISOR: _____

ASB ADVISOR: _____

SITE ADMINISTRATOR: _____

Once completed please submit to ASB Bookkeeper.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

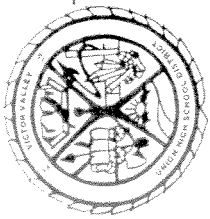
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



VICTOR VALLEY UNION HIGH SCHOOL DISTRICT
 16350 Mojave Drive, Victorville, California, 92392 (760) 955-3200

Name _____

MILEAGE AND TRAVEL EXPENSE CLAIM

Budget # _____

Date _____

Date	PURPOSE AND DESTINATION Include Workshop Name, City, State	*Personal Vehicle Dist. Vehicle Not Available #Miles @ Curr. Rate	Lodging Amount	Meals (Amount)			Miscellaneous Expense		Total Expense	Less District Paid Expenses	Total Due To Employee or (From Employee)
				Brkf.	Lunch	Dinner	Type	Amount			
			TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	()	CLAIM TOTAL	

INSTRUCTIONS:

1. Original bills and receipts must accompany claim as follows:
 - a. Lodging: Bills and receipts single room rate certification required.
 - B. Registration: Receipt attached to conference notice.
 - c. Commercial Transportation: Receipts for plane, train or bus.

CERTIFIED

I hereby certify that the employee named above has subscribed to the oath of allegiance required by Chapter 8, Division 4, of Title 1, Government Code of California.

CERTIFIED

I hereby certify that the above claim is true and correct, that the mileage and expenses shown are in accordance with the provisions of Section 17434, 17435 of Title 5 of the California Administrative Code, and that no part thereof has heretofore been paid.

Signed: _____
 Payroll signature of employee making claim

Signed: _____
 Asst. Supt. Bus. Srv.

Approved: _____
 Principal/Department Head

SCHOLARSHIP RECIPIENTS INFORMATION SHEET

Congratulations on winning your scholarship! We have designed this form to expedite payment of your scholarship to the College or University you will be attending. Please fill in the following information. Be sure to check all information is correct such as Social Security numbers and Student ID numbers.

Name: _____

Address: _____

Phone: _____

Social Security Number: _____

Student ID Number: _____

College/University attending: _____

Admissions or Financial Aid Office phone number: _____

Address where Scholarship money is to be sent (**make sure you have personally verified this information**):

Please complete and submit this information along with your letter of acceptance to the ASB Bookkeeper for payment to be mailed.

VVUHSDO CENTRALIZED ASB

SITE:

16530 MOJAVE DR
VICTORVILLE, CA 92395

TAX ID # 95-6003414

DONATION TO ASB FORM

Name of Donor:

Street Address:

City, State & Zip:

Telephone:

Description of the donation: (If cash or check, show the exact amount; if other than cash or check, include a detailed description of each item, including serial number, color, etc.) If the donation is for a club or organization that is part of a school's ASB, indicate the name of the club or organization and deposit the cash or check into the ASB bank account. Retain this form as a record of the donation.

Donor's estimate of value:

Received at: VVUHSDO ASB Bookkeeper's Office

Received by: VVUHSDO ASB Bookkeeper:

Signature:

Date:

