

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

Principal/Administrator Date

Check Disposition:

MAIL

TEACHERS BOX

PICK-UP