



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: _____

PRINCIPAL/ADMINISTRATOR: _____

Once completed please submit to ASB Bookkeeper.