

# AGOURA HIGH SCHOOL ASSOCIATED STUDENT BODY

## Check/Transfer Request Form

CHECK REQUEST: \_\_\_\_\_ Mail \_\_\_\_\_ Hold  
 REQUESTED BY: \_\_\_\_\_  
 CHECK PAYABLE TO: \_\_\_\_\_  
 ADDRESS (If Mailed): \_\_\_\_\_  
 CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE: \_\_\_\_\_  
 ASB ACCT: \_\_\_\_\_  
 PO/PR #: \_\_\_\_\_

★PLEASE LIST AND ATTACH ORIGINAL SIGNED OFF AND DATED RECEIPTS★

INV DATE	INVOICE # (If Applicable)	VENDOR NAME	DESCRIPTION	AMOUNT
<b>TOTAL:</b>				

I ACKNOWLEDGE RECEIPT OF THE ITEMS AND APPROVE PAYMENT (CHECK BOX)

\_\_\_\_\_  
*Club/Trust Officer Signature (If Applicable)*

Approval

*Advisor / Coach Signature*

*Student Council Use Only*

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\_\_\_\_\_  
*Comissioner of Finance*

ASB Documentation

\_\_\_\_\_  
*Date*

Account #: _____
Check date: ____/____/____
Check #: _____