

## ASB Request for Purchase (Expense Claim)

School: WOODINVILLE HIGH SCHOOL

Activity/Club \_\_\_\_\_

Club Advisor\* \_\_\_\_\_ Date \_\_\_\_\_

Activity Student Rep\* \_\_\_\_\_ Date \_\_\_\_\_

ASB Student Rep\* \_\_\_\_\_ Date \_\_\_\_\_

Prime ASB Advisor\* \_\_\_\_\_ Date \_\_\_\_\_

Accounting Information  
Office Use

Budget #: \_\_\_\_\_

Posted \_\_\_\_\_

*\*By signing, I understand a Travel and Expense Reimbursement Claim Form must be submitted for reimbursement pursuant to the guidelines below:*

ASB law requires preapproval for expenditures. Keep in mind that purchases made without an actual purchase order in place prior to ordering become your personal financial obligation. Purchases made with personal funds should be a minimal sum. **With prior approval, supplies and materials purchased for district use may be eligible for reimbursement by submitting a Travel and Expense Reimbursement Claim Form to the ASB Secretary.** When submitting the future claim form, an original, **itemized** receipt(s) is required with the store name. A credit card slip with a total dollar amount will not be reimbursed. Receipts should not include personal items that are crossed out. Alcoholic beverages (including non-alcoholic beer and wine) are not reimbursable and must not be on the receipt. **Claims must be submitted monthly (by the 15<sup>th</sup>).** Employees should not use personal funds to contract for services under any circumstance. Gifts (flowers, shirts, jackets, gift cards, etc.) will not be reimbursed. Office supplies purchased from any vendor other than Amazon, Office Depot, Office Max, or KCDA will not be reimbursed.

VENDOR \_\_\_\_\_

PHONE \_\_\_\_\_

NOTES \_\_\_\_\_

Qty	Units	Item #	Description	Unit Price	Total	Office Use

Subtotal \_\_\_\_\_

Tax \_\_\_\_\_

Shipping \_\_\_\_\_

**Total Cost** \_\_\_\_\_