



# SNOQUALMIE VALLEY

SCHOOL DISTRICT

## ASB IMPREST ACCOUNT PREPAYMENT REQUEST

To: \_\_\_\_\_  
SCHOOL NAME

Date: \_\_\_\_\_

From: \_\_\_\_\_  
REQUESTOR'S NAME

Position: \_\_\_\_\_  
REQUESTOR'S POSITION

Please prepay the expenditure listed below. I certify under penalty of perjury that this is a just and correct claim for a necessary and legitimate ASB expenditure, and that no other payment has been made on account thereof. **I have attached the original documentation for this claim (e.g. Order Form / Registration Form / Invoice). I will submit itemized receipts as required by the School Board.**

Requestor's Signature: \_\_\_\_\_

### Vendor's Information

Check Payable to: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

TIP (Optional: 15% MAX) \$ \_\_\_\_\_

**Total Request (not to exceed \$300):** \$ \_\_\_\_\_

Vendor's Remit Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Items for Purchase: \_\_\_\_\_

Reason for Purchase: \_\_\_\_\_

AFTER CHECK IS WRITTEN PLEASE (check one):

Return check to: \_\_\_\_\_

Mail check to address above.

### OFFICE USE ONLY

ASB STUDENT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

ASB ADVISOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCOUNT CODE: 40 - E - 530 - \_\_\_\_\_ - 00 - 0000 - \_\_\_\_\_ - 0000 - 0000 - 0

CHECK # \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_

CHECK ISSUED BY: \_\_\_\_\_

### SNOQUALMIE VALLEY SCHOOL DISTRICT