



# SNOQUALMIE VALLEY

SCHOOL DISTRICT

**ASSOCIATED STUDENT BODY PROGRAM FUND  
IMPREST CHECKING ACCOUNT REIMBUESMENT REQUEST**

SCHOOL: \_\_\_\_\_

REQUEST DATE: \_\_\_\_\_

CHECK # \_\_\_\_\_ THRU \_\_\_\_\_

FOR MONTH OF: \_\_\_\_\_

DATE	CHECK #	PAYEE	PAYMENT FOR	ACCOUNT NUMBER			AMOUNT
				GL ACCT	CLUB	LOCATION	

*Under the penalty of perjury and in accordance with Chapter 42.24 RCW, I hereby certify that the claims herein are just, and the materials and/or services have been received.*

\_\_\_\_\_  
Primary Advisor

\_\_\_\_\_  
ASB Central Treasurer

\_\_\_\_\_  
Student Representative

Register Balance	_____
Plus: Current Replenishment	_____
Ck # _____ thru Ck # _____	_____
Plus: Cash Box	_____
Plus: Outstanding Reimbursements	_____
Equals: Imprest Balance	_____

**SNOQUALMIE VALLEY SCHOOL DISTRICT**

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