

Kennewick School District
BUDGET REQUEST
ASB Academic Competition Curricular Clubs

Club Name: _____ Date of Request: _____

School: _____

Advisor: _____

Club President: _____

Describe the competition you are requesting funding for in 3-4 concise sentences:

List the individuals or number of students participating in the event for this this request:
(Attach additional names if necessary)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Itemize your expected expenses as much as possible

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL AMOUNT REQUESTED	\$ _____

Advisor Signature

Club President Signature

ASB Officer Signature

Approved

Denied

Amount Approved

\$
Building Administrator Signature

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