TACOMA PUBLIC SCHOOLS
EVERY STUDENT. EVERY DAY.

Expenditure/Activity Request and ASB Approval Form

School: _____

(All requests must be approved before expenditures are made)

Request # _____

Request for: (check one)
- ☐ Activity/Event Date: _____
- ☐ Expenditure
- ☐ Fundraiser Beg. date: _____ End. date: _____

Request for: (check one)
- ☐ Purchase Order/Requisition
- ☐ Transfer of Funds from: #____ to: #____
- ☐ Procurement Card

Requestor: _____ Requested amount not to exceed: $ _____

Group/Class/Club: _____ Date: _____

Advisor: _____ Account #: _____

Purpose of Request: _____

Funding Option: Will be paid by Account #: _____

Will be reimbursed by account # _____

Cost will be shared by: _____ Amount: _____

Item #	Vendor's Name and Address	Amount

ASB USE ONLY

_____ Moved to accept (ASB council member)

_____ Seconded (ASB council member)

Minutes of: _____ Passed: _____ Failed: _____ Tabled: _____ Date: _____

REQUIRED SIGNATURES:

_____ ASB President

_____ ASB Advisor

_____ Principal

ORIGINAL to ASB; Copies to Office Coordinator and Originator