



ASSOCIATED STUDENTS OF  
 WILCOX HIGH SCHOOL  
 3250 MONROE STREET  
 SANTA CLARA, CALIFORNIA 95051  
 TELEPHONE (408) 423-2408 or (408) 423-2400



## ASB REQUEST FOR PAYMENT

DATE \_\_\_\_\_

PLEASE MAKE THE FOLLOWING DISBURSEMENTS OF FUNDS FROM THE ASB ACCOUNT OF:

**MUST ATTACH THE CLUB MINTUES APPROVING THIS EXPENDITURE**

ASB ACCOUNT NAME \_\_\_\_\_ ACCT # \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

Attention: \_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip Code

P.O. # \_\_\_\_\_

<u>DATE</u>	<u>INVOICE NO.</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMAIL RECEIPT/INVOICE AND PROOF OF PAYMENT (LAST 4-DIGITS CREDIT CARD, CASH, ETC.) WITH THIS FORM**

DO NOT TYPE IN THE  
 BOX BELOW IT WILL  
 CALCULATE FOR YOU

TOTAL AMOUNT OF CHECK REQUEST ----- \$ \_\_\_\_\_

*Please sign electronically*

\_\_\_\_\_  
*Club Advisor's Signature*

\_\_\_\_\_  
*School Designee by Principal - ASB Approver*

\_\_\_\_\_  
*A.S.B. Treasurer*

\_\_\_\_\_  
*Club Officer (Optional)*

Please email form and attachments to  
 email: [wilcoxbookkeeper@scusd.net](mailto:wilcoxbookkeeper@scusd.net)