



Name of School _____

ASB Student Council

AUTHORIZATION & PAYMENT

Step 1: REQUEST FOR AUTHORIZATION OF FUNDS (Attach Student Body Activity Revenue/Expense Statement & Minutes)

Estimate Approved in Student Council Minutes Dated: _____ Budget Line Item: _____

_____ \$ _____
_____ \$ _____
_____ \$ _____

Estimate for Planned Expenditure \$ _____

ASB Officer Name & Title, Printed

ASB Officer Sign & Date

ASB Advisor Sign & Date

Step 2: ASB Student Council to approve in ASB Business Meeting

Step 3: PURCHASE INFORMATION (Attach Shopping Cart, Estimate, or Vendor Contract & Minutes)

Payee: _____ Phone Number: _____

Address: _____ City _____ State _____ Zip _____

Email: _____

Step 4: ASBWorks PO

ASB Bookkeeper: PO# _____ Date: _____

Step 5: ASB Student Council to approve in ASB Business Meeting

Step 6: MDUSD PO (Attach ASB Business Meeting Minutes approval of ASBWorks PO # from Section 4)

ASB Bookkeeper: PR# _____ Date: _____

PO# _____ Date: _____

Step 7: Return to ASB Student Council to retain until Check Request

Step 8: Check Request (Attach ASB Business Meeting Minutes and all supporting documentation)

PLEASE ISSUE A CHECK IN THE AMOUNT OF \$ _____

PAYABLE TO: _____

ASB Officer Sign & Date

ASB Officer - Print Name & Role

ASB Advisor Sign & Date

ASB Administrator Sign & Date