



**PERRIS UNION HIGH SCHOOL DISTRICT
ASB Request for Pre-Approval of Reimbursement**

School Site: _____

Payee: _____

Date: _____

Amount: \$_____

Club to be charged: _____ ASB Purchase Order# _____

Vendor(s): _____

Items to be purchased:

Reason for reimbursement:

ASB ADVISOR:

PRINCIPAL/ADMINISTRATOR:

1. A PURCHASE ORDER must be reviewed, approved and signed (PRIOR TO PURCHASING THE ITEMS TO BE REIMBURSED). The approval of the PURCHASE ORDER must be documented in the clubs ASB Meeting Minutes.
2. FOR ALL REIMBURSEMENTS EXCEEDING \$500: For any staff requests exceeding \$500, an approved ASB Request for Pre-Approval of Reimbursement must be completed prior purchasing the items to be reimbursed.

Once completed please submit to ASB Bookkeeper.