



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