



Name of School: _____ Name of Club: _____

ASB Check Request Form

Date of Request: _____

Invoice #: _____

Expenditure Type	
<input type="checkbox"/>	Employee Reimbursement
<input type="checkbox"/>	Payment to Vendor for Goods/Services

ASB PO #:	Amount: \$ _____	Final Expense for this PO?: <input type="checkbox"/> YES <input type="checkbox"/> NO
ASB PO #:	Amount: \$ _____	Final Expense for this PO?: <input type="checkbox"/> YES <input type="checkbox"/> NO
ASB PO #:	Amount: \$ _____	Final Expense for this PO?: <input type="checkbox"/> YES <input type="checkbox"/> NO

***** ORIGINAL INVOICE OR RECEIPT MUST ACCOMPANY THIS REQUEST *****

Payable To: (Name) _____

ATTN: _____

(Street) _____

(City) _____ (State) _____ (Zip) _____

Purpose (ie. what activity/event can this expense be tied to?) _____

Check Disbursement	
<input type="checkbox"/>	MAIL
<input type="checkbox"/>	TEACHER'S BOX
<input type="checkbox"/>	PICK-UP FROM ASB ADVISOR

STUDENT CLUB USE ONLY

Club Student Representative: _____ Date: _____

Club Advisor: _____ Date: _____

ASB LEADERSHIP USE ONLY

ASB Meeting Date: _____ APPROVED DENIED **Assigned Check #:** _____

ASB Student Representative: _____ Date: _____

ASB Advisor: _____ Date: _____

Principal/Admin: _____ *(captured on issued check)*