

# NORTH MONTEREY COUNTY HIGH SCHOOL

## Purchase Requisition Approval Form

**THIS APPLICATION MUST BE APPROVED AT LEAST TWO WEEKS PRIOR TO THE EVENT/PAYMENT DATE.**  
**NOTE:** This application must be complete for it to be considered. If it isn't complete, then it will be returned to the advisor/coach. **THIS FORM MUST BE APPROVED BEFORE ANY EXPENDITURE IS MADE.** Forms must be turned into Lori Lowensen *in room 2, not in her mailbox*, by 3:30 on Friday to be placed on the agenda for approval at the Tuesday ASB Formal Meeting. All expenditures must be pre-approved by the ASB Commission and signed off by the Activities Director, the Athletic Director (when applicable) and the School Administrator. At the time of approval, the funds being requested must be available in your club account unless the waiver portion of this Expenditure Approval Form is completed and approved.

Club/Organization: \_\_\_\_\_ Advisor: \_\_\_\_\_

Date form completed: \_\_\_\_\_ ***(attach a quote from the company, meeting notes and meeting attendance roster when expenditure was discussed/approved by students in your club)***

Proposed Expenditure:

Item \_\_\_\_\_ Price Per: \_\_\_\_\_ Quantity: \_\_\_\_\_ Amount: \_\_\_\_\_

Item \_\_\_\_\_ Price Per: \_\_\_\_\_ Quantity: \_\_\_\_\_ Amount: \_\_\_\_\_

Item \_\_\_\_\_ Price Per: \_\_\_\_\_ Quantity: \_\_\_\_\_ Amount: \_\_\_\_\_

Sales Tax: \_\_\_\_\_

Shipping: \_\_\_\_\_

Total Amount of Purchase Requisition: \_\_\_\_\_

***Purpose of Expenditure:*** \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Payment Method Being Requested:

\_\_\_\_\_ Purchase Order      \_\_\_\_\_ Check to Vendor      \_\_\_\_\_ Transfer to Other Club Account

\_\_\_\_\_ Amazon Business Account      \_\_\_\_\_ Reimbursement Check to Advisor\*\*

(\*\* these methods to be used only in situations ***pre-approved*** by the School Administrator)

Club Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## APPROVAL

FOR ASB USE ONLY:

Date Received: \_\_\_\_\_

Approved:            Yes        No            Date: \_\_\_\_\_ (must be in ASB meeting minutes)

If rejected, reason: \_\_\_\_\_  
\_\_\_\_\_

Commissioner of Clubs and Fundraising: \_\_\_\_\_ Date: \_\_\_\_\_

ASB Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

ASB President: \_\_\_\_\_ Date: \_\_\_\_\_

Activities Director: \_\_\_\_\_ Date: \_\_\_\_\_

ASB Accountant: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director (if a sport): \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Date Activities Director emailed approval to Club Advisor and initial: \_\_\_\_\_

**PRE-APPROVAL** FOR REIMBURSEMENTS THIS MUST BE SIGNED BEFORE BEING TURNED INTO THE ASB OFFICE FOR PLACEMENT ON THE FORMAL MEETING AGENDA:

School Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

### **REQUEST FOR WAIVER:**

The \_\_\_\_\_ club is requesting a waiver of having funds available in the club account at the time of this expenditure approval because \_\_\_\_\_. ASB is approving paying for the expenditure until funds become available in the clubs account to reimburse ASB. The \_\_\_\_\_ club will repay ASB by \_\_\_\_\_.