

Expenditure Approval Form

Fort Bragg Middle School
500 N Harold St.
Fort Bragg, CA 95437

Date Requested: _____

Check #: _____

Club/Team to be Charged: _____

Date written: _____

Name and date of event: _____

Reimburse to: _____

Description	Quantity	Unit Price	Total Amount
<u>Receipt required for reimbursement.</u>	Subtotal		
	+ est. sales tax:		
	+ est. shipping charges:		
	Est Total:		

Important Reminder: This Expenditure Approval form is not valid unless all signatures below have been obtained.
(This section must be completed prior to submittal to the ASB Bookkeeper)

Certification

Submitted and Approved by:

Student Club Representative: _____
Signature and Date

We certify that this request has been approved by the ASB Club or Student Council:

Club Advisor: _____
Signature and Date

Principal/School Administrator: _____
Signature and Date

Verified by ASB Bookkeeper: _____
Signature and Date

Recorded in ASB Club Minutes on: _____ (To be completed by club/team)
Date