AUBURN SCHOOL DISTRICT
ENGAGE • EDUCATE • EMPOWER

ASB PROCUREMENT-CARD - TRANSACTION FORM

Attach Receipt to this Form for Each Transaction – ONE RECEIPT PER FORM

Purchase Date: _____

Vendor: _____

Cardholder Name: _____

Card User: _____ **Phone Number:** _____

Last 4 of Card: _____

Detailed Business Purpose:

Qty	Unit	Item #	Description	Unit Price	Total	Account Code

Subtotal	
Shipping	
Misc. Fee	
Sales Tax	
Total	

Food for Meetings/Events	
Meeting/Event Date:	
Meeting/Event Title:	
Provide Copy of agenda/program if applicable	
Name of Attendees	Affiliation
If more attendees were present, please provide separate list	

NEW POLICY
MUST HAVE MINUTES APPROVED BY YOUR CLUB/TEAM
(SEE ATTACHED 1 PAGES)
PRIOR TO CHECKING OUT THE PROCUREMENT CARD

*****NOTE: AMAZON, ETSY, SHEIN, AND TEMU TRANSACTIONS ARE NOT ALLOWED ON DISTRICT P-CARDS*****

ASB Club Advisor/Team Coach: _____ Date: _____
Signature

ASB Student: _____ Date: _____
Signature

ASB Bookkeeper: _____ Date: _____
Signature

Activities/Athletic Director: _____ Date: _____

Signature

AUBURN MOUNTAINVIEW HIGH SCHOOL CLUB/TEAM FINANCIAL MINUTES

Team/Club Name: _____Account Number: _____

Advisor Name (please print): _____ Date: _____ Total Number of Members: _____

Members Present (list first and last names or staple a roster of members present):

This meeting was called to order by the club president/sport captain, _____at

_____(time).

Financial Motions:

1. **_____made a motion to authorize the club advisor to spend NOT MORE THAN**

   $_____for _____

   _____.

   Motion seconded by _____

   The motion passed or failed with _____votes for and _____votes against.

Adjournment:

Time: _____

_____ _____

Secretary Signature **Date**

_____ _____

Team/Club Advisor Signature **Date**