Expenditure/Activity Request and ASB Approval Form

(All requests must be approved before expenditures are made)

School: _____ Request #: _____

Request for (Check One)

☐ Activity/Event Date: _____
☐ Expenditure
☐ Fundraiser Beg. Date: _____
End Date: _____

☐ Purchase Order/Requisition
☐ Transfer of Funds from _____ to _____
☐ Procurement Card

Requestor: _____ Requested Amount Not to Exceed: $ _____

Group/Class/Club: _____ Date: _____

Advisor: _____ Account #: _____

Purpose of Request: _____

_____

Funding Option: Will be paid by Account #: _____

Will be reimbursed by Account #: _____

Cost will be shared by: _____ Amount: _____

Item #	Vendor's Name and Address	Amount

ASB USE ONLY

_____ _____

Moved to Accept (ASB Council Member) Seconded (ASB Council Member)

Minutes of: _____ Passed: _____ Failed: _____ Tabled: _____ Date: _____

REQUIRED SIGNATURES:

_____ _____ _____

ASB President ASB Advisor Principal

ROUTING: Original to ASB; Copies to Office Coordinator and Originator