

DATE: _____

PAYABLE TO: _____

AMOUNT: _____

ADDRESS: _____ City: _____ Zip: _____

PURPOSE: _____ PO#: _____

CHARGE TO ACCOUNT: _____ ACCOUNT # _____

PERSON MAKING REQUEST: _____ Contact email: _____

Approved By (Class Treas./Club Advisor) : _____

Student Body Authorization Please Sign & Date	
ASB Advisor (REQUIRED)	Date
ASB Treasurer (REQUIRED)	Date

CHECK ONE:
 PICK UP MAIL

Turn in original Receipts.
Please DO NOT have
Personal items on the receipts!

District Authorization Please Sign & Date	
Principal/Associate Principal	
Date	

All Reimbursements must have attached:

Original Receipt/Invoice with proof of payment. If CC must have last four digits on receipt.

If a Club, date of approval in ASB or Club Minutes is mandatory for reimbursement

INSTRUCTIONS FOR SUBMITTING AN ASB CHECK REQUEST

1. Attach the ORIGINAL receipt or invoice with proof of payment.
2. Please fill out form completely.
3. Obtain Club Advisor (for clubs) or Class Treasurer (Class of 20xx),
4. ASB Reimbursement to individuals must be under \$500.
5. IF purchases OVER \$500 must be done with an ASB Purchase Order and vendor should bill the school directly.
6. If a Vendor does not accept Purchase Orders please see the Finance Technician.
7. Gifts of any kind or gift cards are not allowed.
8. Please allow 10 days advance notice for check processing.
9. * For ASB and All Clubs, you must list date of approval in minutes.