



POWAY UNIFIED SCHOOL DISTRICT
DEL NORTE HIGH SCHOOL ASB FINANCE OFFICE

REQUEST FOR: _____

DATE: _____

CHECK

REIMBURSEMENT

P.O.

P-Card/ Debt Card

Club Allocation Approval: Date of Meeting _____ Minutes Attached _____
Funds cannot be disbursed from ASB accounts without club officer approval.
Meeting minutes must accompany all funding requests from ASB accounts.

PAYABLE TO: _____

MAIL TO: _____

DESCRIPTION OF ITEMS TO BE PURCHASED/PAID	\$ AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL

SPECIAL REQUEST/INSTRUCTIONS: _____

REQUESTED BY (NAME): _____

ACCOUNT NAME: _____ ACCOUNT #: _____

Note: All signatures required for processing

ATHLETIC DIRECTOR/
CLUB ADVISOR _____

ADMINISTRATION _____

ASB TREASURER _____

ASB DIRECTOR _____

<i>Office Use Only</i>	
P.O. #	_____
CHK #	_____
DATE	_____