POWAY UNIFIED SCHOOL DISTRICT

DEL NORTE HIGH SCHOOL ASB FINANCE OFFICE

REQUEST FOR: DATE: _____

CHECK ☐ REIMBURSEMENT ☐ P.O. ☐

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 _____

Office Use Only

P.O. # _____

CHK # _____

DATE