

# PURCHASE ORDER AND REIMBURSEMENT REQUESTS

Completely filled out PO & Check Request Form.

Over \$75: Check both the PO and Check or Reimbursement Box.

Under \$75: Check only the Check or Reimbursement Box.

### Check Request

If you are purchasing something and would like the Finance office to direct pay the vendor.

Ex: Purchasing shirts from Big Frog

Bring in the invoice from Big Frog and the Finance office will cut a check directly to Big Frog-no need for someone to pay with their own money.

### Reimbursement Request:

If a parent/student purchased items for the club (AFTER CLUB APPROVAL) and needs to be reimbursed for their purchase.

### Original Receipt/Invoice attached.

Any items shipped **MUST be shipped to the school address.** Items shipped to personal address cannot be reimbursed.

### **NO other items may be on the receipt.**

If there are personal items on the same receipt, the items purchased for the club cannot be reimbursed.

### Original meeting minutes with:

1. Motion to spend/pay
  - Include Vendor and how much
  - Include who made the motion
2. Second the motion
  - Include who seconded the motion
3. Call to vote (with results)
4. Signatures of all Officers on Minutes.

**\*SAMPLE\***  
 Mt. Carmel High School  
 ASB FINANCE OFFICE  
 P.O. & Check Request

Date: 9-15-18

Request for:  CHECK  REIMBURSEMENT  P.O.

Club Allocation Approval:  
 Date of Meeting 9/13/18 Minutes Attached

*Funds cannot be disbursed from ASB accounts without club officer approval.  
 Original meeting minutes must accompany all funding requests from ASB accounts.*

PAYABLE TO: Michael Jones

MAIL TO: 123 Sundevil Way  
San Diego CA 92129

DESCRIPTION OF ITEMS TO BE PURCHASED/PAID	\$ AMOUNT
<u>Recycle bins to place around campus. 10@12.99</u>	<u>129.90</u>
<u>tax</u>	<u>10.39</u>
TOTAL	<u>140.29</u>

SPECIAL REQUEST/INSTRUCTIONS: to be picked up by Rachel Jones (student)

REQUESTED BY (NAME): Rachel Jones

ACCOUNT NAME: MC Go Green ACCOUNT # 2137

Note: All Signatures Required for Processing

CLUB TREASURER: Signature Required

CLUB ADVISOR: Signature Required

ATHLETIC DIR./ADMIN: \_\_\_\_\_

ASB TREASURER: \_\_\_\_\_

ASB DIRECTOR: \_\_\_\_\_

Do not fill out gray area

P.O.# \_\_\_\_\_

CHK# \_\_\_\_\_

DATE \_\_\_\_\_