

POWAY UNIFIED SCHOOL DISTRICT
POWAY HIGH SCHOOL ◀ **ASB FINANCE OFFICE**

DATE: _____

CHECK

REIMBURSEMENT

P.O.

P-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

CLUB TREASURER _____

CLUB ADVISOR _____

ASB TREASURER _____

ATHLETIC DIRECTOR _____

ASB DIRECTOR / BOARD DESIGNEE _____

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