

University High School Student Council - ASB
CHECK REQUEST FORM

DATE: _____ AMOUNT REQUESTED: \$ _____

TO WHOM IS THE CHECK MADE OUT TO? _____

CLUB/ACCOUNT TO BE CHARGED: _____

PURPOSE OF EXPENDITURE: _____

DATE CHECK IS DUE TO RECIPIENT: _____

SUPERINTENDENT INITIALS

SIGNATURE OF ADVISOR

SIGNATURE OF ASB REP.

SIGNATURE OF FINANCE DIR.

FOR USE BY FINANCE CLERK ONLY

DATE OF PAYMENT: _____ CHECK NUMBER: _____

CURRENT CLUB BALANCE: \$ _____

SPECIAL NOTES: _____

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PLEASE ATTACH ALL RECEIPTS AND INVOICES WITH A STAPLE
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LOST YOUR RECEIPT?

PREPARE A MEMO WITH THE FOLLOWING INFORMATION: DATE, ACCOUNT NAME, PURPOSE
OF PURCHASE, VENDOR NAME, DESCRIPTION OF ITEM PURCHASED, QUANTITY, AND PRICE,
AND SHORT STATEMENT WHY YOU LOST THE RECEIPT. SIGN AND DATE.
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