

Sweetwater Union High School District

CHECK REQUEST FORM

Expenditures/Disbursement Request

School Name: _____

(ASB Office Use Only)

Today's Date: _____

Date Recorded in ASB Minutes: _____

Check Number: _____ Date of Check: _____

Funds Available: Y N

Invoice attached: _____ Made By: _____

(To be completed by Club/Trust)

Date check requested _____

Date check needed _____

Return check to you/mail check

Pay to the order of: _____

Purchase Order # _____

Charge to acct: # _____

Account Name _____

\$ _____

Charge to acct: # _____

Account Name _____

\$ _____

Reason for check: _____

Signature of Student Rep (club)

Signature of Club Advisor/AP Student Activities

Approval: ASB Student Rep

Approval: Principal/AP