

**INSTRUCTIONS:** Turn in completed form to Finance Office. This is permission to spend money from your ASB account. **YOU MUST GET PERMISSION BEFORE PURCHASING ITEMS.**

**Finance Office use only**  
 Rec. Date: \_\_\_\_\_  
 Acct. #: \_\_\_\_\_  
 App. Date: \_\_\_\_\_  
 P.O. #: \_\_\_\_\_



**Account Information:**  
 Club/team/committee: \_\_\_\_\_  
 Requested by: \_\_\_\_\_ Email or phone: \_\_\_\_\_  
 Associated event/fundraiser: \_\_\_\_\_

**Vendor Information:**  
 Vendor Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Check Request Information:**  
 Make Check payable to: \_\_\_\_\_  
 \_\_\_\_\_  
 Mail to address: \_\_\_\_\_  
 \_\_\_\_\_  
 Deliver to Advisor's mailbox  
 Hold Check in Finance Office for pick up

**Purchase Information:** \*\*please attach documentation of proposed purchase\*\*

Item Description	Qty	Unit Price	Total Amount
		\$	\$
		\$	\$
		\$	\$

Check here if additional items are listed on the back of form

**SPECIAL INSTRUCTIONS:**

Subtotal:	\$
Sales Tax:	\$
Shipping:	\$
<b>Grand Total:</b>	<b>\$</b>

**CERTIFICATION OF APPROVAL DURING CLUB/TEAM/COMMITTEE MEETING\***  
**\*MEETING MINUTES MUST BE ATTACHED.**  
 We certify this request has been approved by the students and recorded in club minutes.

Student Representative: \_\_\_\_\_  
 Name (print) Signature Date

Certificated Advisor: \_\_\_\_\_  
 Name (print) Signature Date

**TO BE FILLED OUT DURING THE ASB STUDENT COUNCIL MEETING**

Meeting Date: \_\_\_\_\_ ASB Class Recommendation:  YES  NO

Executive Council's Approval Signature: \_\_\_\_\_

ASB Director's Approval Signature: \_\_\_\_\_

**TO BE APPROVED BY SITE ADMINISTRATOR**

Date: \_\_\_\_\_ Administration's Decision:  Approved  Denied

Administrator's Approval Signature: \_\_\_\_\_