

Acalanes High School

**Authorization for
CHECK REQUEST**

Associated Student Body

DATE: _____

PAYABLE TO: _____ AMOUNT: _____

ADDRESS: _____ City: _____ Zip: _____

PURPOSE: _____

CHARGE TO ACCOUNT: _____ ACCOUNT # _____

PERSON MAKING REQUEST: _____ Contact email: _____

Approved By (Coach/Class Treas./Club Advisor) : _____ Date Approved: _____

A.D. Approval: _____ Date Approved: _____

Student Body Authorization Please Sign & Date	
ASB Advisor (REQUIRED)	Date
ASB Treasurer (REQUIRED)	Date

CHECK ONE:
PICK UP MAIL

**Turn in original Receipts.
Please DO NOT have
Personal items on the receipts!**

District Authorization Please Sign & Date	
Principal/Associate Principal	
Date	

INSTRUCTIONS FOR SUBMITTING AN ASB CHECK REQUEST:

1. Attach the ORIGINAL receipt or invoice.
 2. Please fill out form completely.
 3. Obtain Club Advisor (for clubs), Class Treasurer (Class of 20xx), Coaches Signature BEFORE submitting to Finance Tech or Athletic Director (for sport)
 4. ASB Reimbursement to individuals must be under \$500.
 5. IF purchases OVER \$500 must be done with an ASB Purchase Order and vendor should bill the school directly.
 6. If a Vendor does not accept Purchase Orders please see the Finance Technician.
 7. Gifts of any kind or gift cards are not allowed.
 8. Please allow 10 days advance notice for check processing.
 9. Contract? Submit contract first. Once signed, then submit a check request.
- * For ASB and All Clubs, you must list date of approval in minutes.**