

Check #:

Amount: \$

School:			

Associated Student Body: DISBURSEMENT REQUEST

This request must be filed with the Accounts Clerk

Rev. 10/2020

Ву:

REQUEST FOR:	Check	Today's date:				
	Purchase Order	Check pa	Check payable to:			
	Transfer of Funds					
PO Number:						
ACTION REQUIRED:	Mail					
	Return to organizer	City	State	Zip		
Account name:		Account No.:				
Quantity	Articles to be Purch	ased	Unit Price	Total Amount		
REASON FOR REQUES	ST:		Sub Total:			
		Sales Tax:				
			_ Freight/Postage	j		
Auth	norization	TOTAL:				
We hereby certify th	at we have been	Approval				
authorized by our organization to make this		We hereby certify that this request has been				
disbursement request.		approved by an official vote of the ASB Executive				
Organization name:		Council on, 20				
Name of president:		Signature of ASB President/Treasurer:				
	nt:					
Signature of coach, a	dvisor, or Athletic Director:	Signature of Administrator:				

Date: