



School: _____

Associated Student Body: DISBURSEMENT REQUEST

This request must be filed with the Accounts Clerk

REQUEST FOR: Check
 Purchase Order
 Transfer of Funds

Today's date: _____

Check payable to:

PO Number: _____

ACTION REQUIRED: Mail
 Return to organizer

 City State Zip

Account name: _____

Account No.: _____

Quantity	Articles to be Purchased	Unit Price	Total Amount

REASON FOR REQUEST: _____

Sub Total: _____

Sales Tax: _____

Freight/Postage: _____

TOTAL: _____

Authorization

We hereby certify that we have been authorized by our organization to make this disbursement request.

Organization name: _____

Name of president: _____

Signature of president: _____

Signature of coach, advisor, or Athletic Director:

Approval

We hereby certify that this request has been approved by an official vote of the ASB Executive Council on _____, 20 ____.

Signature of ASB President/Treasurer:

Signature of Administrator:

Check #:	Amount: \$	Date:	By:
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