

ASSOCIATED STUDENT BODY
Castle Park High School

Prior Approval for Expenditures/Disbursement Request

Today's Date: _____

Check Number: _____

FUNDS AVAILABLE: Y N Verified by: _____ Approved Date: _____ Denied Date: _____

Date of Check: _____ Invoice Attached: ___ Club Minutes attached: ___ Made by: _____

(For ASB Office Use Only)

Date ck requested _____ Date ck needed _____ Return ck to you / Mail ck

Payable to: _____ Amount Paid \$ _____

Charge to acct.: # _____ Acct. Name: _____ \$ _____

Charge to acct.: # _____ Acct. Name: _____ \$ _____

Reason: _____

Signature of Student Representative (club)

Signature of Advisor/Principal

Approval: ASB Representative

Approval: AP of Student Activities

**SUBMIT THIS FORM AT LEAST ONE WEEK IN ADVANCE BEFORE YOU NEED TO PLACE YOUR ORDER. (A copy of your club minutes approving this expenditure must be attached to this requisition)