

# SAUGUS HIGH SCHOOL CHECK REQUEST FORM

S.H.S. ASSOCIATED STUDENT BODY 21900 W. CENTURION WAY, SAUGUS, CALIFORNIA 91350 661-297-3900 FAX 661-263-8030

DATE: \_\_\_\_\_ TIME STAMP: \_\_\_\_\_

PLEASE COMPLETE IN FULL:

MAKE CHECK PAYABLE TO: \_\_\_\_\_

PURCHASE ORDER # \_\_\_\_\_ (PLEASE ATTACH SIGNED COPY, NO PAYMENT WITHOUT P.O.)

INVOICE # \_\_\_\_\_

HOLD IN ASB OFFICE FOR PICK UP \_\_\_\_\_ (INITIALS)

VENDOR ADDRESS: \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FOR THE AMOUNT OF: \$ \_\_\_\_\_

ITEMS PURCHASED: \_\_\_\_\_ FOR \_\_\_\_\_ (EVENT)

ACCOUNT NUMBER: \_\_\_\_\_ NAME OF ACCOUNT: \_\_\_\_\_

THIS CHECK WILL BE FOR A FUNDRAISER: YES NO

NAME OF APPROVED FUNDRAISER: \_\_\_\_\_

SIGNATURE OF STUDENT IN CLUB/CLASS REQUESTING PAYMENT: \_\_\_\_\_

SIGNATURE OF ADVISOR FROM CLUB/CLASS REQUESTING PAYMENT: \_\_\_\_\_

PRINTED NAME OF ADVISOR: \_\_\_\_\_

CHECK REQUEST: APPROVED NOT APPROVED

REASON CHECK IS NOT APPROVED: \_\_\_\_\_

(TO BE COMPLETED BY ASB ONLY)

CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ SIGNED BY: \_\_\_\_\_ TREASURER OF ASB

DATE: \_\_\_\_\_ SIGNED BY: \_\_\_\_\_ ASB DIRECTOR \_\_\_\_\_ ADMINISTRATOR

**RECEIPT MUST ONLY HAVE ITEMS BEING REIMBURSED ON THEM, NO OTHER SALES CAN BE INCLUDED IN RECEIPT. ATTACH RECEIPT TO THE BACK OF THIS REQUEST OR TAPE ON PAPER FOR SCANNING. ALL CHECKS WILL BE SENT TO THE MAILING ADDRESS OR HELD AT THE ASB OFFICE FOR PICK UP. CHECK REQUESTS CAN TAKE UP TO 3-4 WEEKS TO BE PAID. (EX: CHECK REQUEST, PO, RECEIPT OR INVOICE AND STAPLE LEFT CORNER.) IF YOU ARE NOT SURE HOW TO COMPLETE, COME BY ASB FOR HELP. MUST BE FILLED OUT IN ITS ENTIRETY.**

