



# VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

## ASB Request for Pre-Approval of Reimbursement

SCHOOL SITE: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Club to be charged: \_\_\_\_\_ Purchase Order# \_\_\_\_\_

Items to be purchased: \_\_\_\_\_

\_\_\_\_\_

Vendor(s): \_\_\_\_\_

Not to Exceed: \$ \_\_\_\_\_

Reason for purchase:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLUB OFFICER: \_\_\_\_\_

CLUB ADVISOR: \_\_\_\_\_

ASB ADVISOR: \_\_\_\_\_

PRINCIPAL/ADMINISTRATOR: \_\_\_\_\_

Submit with Purchase Order.