

# VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

## ASB REQUEST FOR CHECK

Date of Request: \_\_\_\_\_

School Site: \_\_\_\_\_ Club: \_\_\_\_\_

Amount of Request: \$ \_\_\_\_\_

Purchase Order No. \_\_\_\_\_

**Original Invoice or Receipt Must Accompany This Request**

**Payable To:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Purpose :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature Approvals:**

\_\_\_\_\_  
Club Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
ASB Student Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Administrator

\_\_\_\_\_  
Date

**Check Disposition:**

MAIL

TEACHERS BOX

PICK-UP