Expenditure Approval

Date Requested:

(For items to be purchased without a purchase order but that require preapproval, such as allowing a staff member to be reimbursed for ASB purchases after they submit receipts).

Sample Expenditure Approval

School Name School Address City, State, ZIP

Approval Number: _					
Club to be Charged:					
Date of Event:					
То:					
Name of Staff Member t	to be Reimbursed				
Staff Member Address					
Item	Description		Quantity	Unit Price	Total Amount
Number					
D I D				1	
Requested By:(Name of Person) (Name of Club)			Subtotal		
			+ estimated sales tax:		
			+ estimated :	shipping charges:	
			Total of this p	purchase:	•
Important Reminder: This Expenditure App	roval form is not valid unless all signature	es below ha	ve been obta	ained.	
Accounts to be Cha	arged (this section must be complete	ed prior to	submittal t	to the ASB B	ookkeeper)
Club or Class:					
Club Account(s) to b	e Charged:				

Certification

Submitted and Approved by:		
Student Club Representative:		
	Signature, Title and Date	
We certify that this request has been approve	ed by ASB or Student Council:	
Club Advisor:		
Sig	gnature, Title and Date	
Principal/School Administrator:		
	Signature, Title and Date	
Verified by ASB Bookkeeper:		
	Signature, Title and Date	
Recorded in ASB Student Council Minutes on:		
	Date	