



ASB Reimbursement Requisition

Club: _____	Supplier/Vendor: _____
Account #: _____	Address: _____
Date of Request: _____	_____
Date Required: _____	Phone: _____
	Fax: _____

Item	Item No.	Quantity	Unit Price	Total Expenditure

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me, and that no other payment has been received on account thereof.	Sub Total _____ Shipping _____ Tax _____ TOTAL _____
<hr style="border: 1px solid black;"/> <div style="display: flex; justify-content: space-between;"> Claimants' Signature Date </div>	

Instructions:

This form must be signed by the club advisor, ASB advisor, principal, and ASB Treasurer and returned to Janet Scheffer. *The individual will be held responsible for any purchase made without the necessary approval. This form cannot be processed/approved without a receipt.*

 Club Advisor's Signature Date

 ASB Advisor's Signature Date

 Principal's Signature Date

 ASB Treasurer's Signature Date

Office Use Only

Club Advisor

ASB Binder

District Office