



# CASCADE HIGH SCHOOL

## ASB Contribution Request

Office Use Only:

Transfer \$ \_\_\_\_\_ Date: \_\_\_\_\_

From Account: \_\_\_\_\_

To Account: \_\_\_\_\_

Club / Sport Name \_\_\_\_\_

Advisor / Coach \_\_\_\_\_

Contribution Purpose: ☐ Cultural ☐ Athletic ☐ Recreational ☐ Social

ASB Funds are being requested for: \_\_\_\_\_

Total Cost of Item/Service/Event: \_\_\_\_\_

What additional funds have been raised or requested to pay for this expense?

\$ \_\_\_\_\_ Club/team fundraising

\$ \_\_\_\_\_ CTE

\$ \_\_\_\_\_ Individual Student Payments

\$ \_\_\_\_\_ General Fund

\$ \_\_\_\_\_ Booster Funds

\$ \_\_\_\_\_ Other

Total amount requested from ASB: \$ \_\_\_\_\_ Date funds are needed: \_\_\_\_\_

Please attach a copy of the following:

- ☐ Current print out of your account activity and balance (Ask CHS Treasurer for account report)
- ☐ Quote/estimate/registration form/documentation from vendor of total cost
- ☐ Names and ID numbers for all students who will be participating or directly impacted by funds
- ☐ Break down of total cost and funding sources, including fundraising, student fees, booster, CTE etc

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name and Position \_\_\_\_\_

Advisor/Coach Signature \_\_\_\_\_

Date \_\_\_\_\_

### ASB Use:

Active Club/Sport: Y / N

Senate Attendance: Y / N

Roster/ASB Card Check: Y / N

☐ Approve \$ \_\_\_\_\_ from Account: \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

☐ Deny Contribution. Reason: \_\_\_\_\_

☐ Decision Tabled. Follow Up Needed: \_\_\_\_\_

ASB STUDENT TREASURER: \_\_\_\_\_ DATE: \_\_\_\_\_ ASB ADVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

STAFF ASB TREASURER: \_\_\_\_\_ DATE: \_\_\_\_\_ ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_