



Cascade High School ASB PO

REQUEST TO USE ASB ACCOUNT FUNDS

PO #	_____
PR#:	_____
Acct #:	_____

CLUB / SPORT / ACCOUNT NAME: _____

ADVISOR / COACH NAME: _____

WHAT ARE YOU PURCHASING: _____

WHAT IS IT FOR (DATE OF ACTIVITY / PURPOSE): _____

PURCHASE TO BE LIMITED TO: _____ (maximum dollar amount)

COMPANY YOU ARE PURCHASING FROM: _____

COMPANY ADDRESS OR WEBSITE: _____

VERIFY:

Club meeting minutes attached showing purchase approval of club/officers
(Required for all clubs and out-of-season athletic purchases)

Current account balance (\$_____) is higher than purchase amount

Student Rep: _____ Name: _____ Date: _____
(Signature) (Printed)

Club/Sport Advisor Signature: _____ Date: _____

FOR ASB USE ONLY:

Student ASB Officer: _____ Date: _____

ASB Advisor: _____ Date: _____

Staff ASB Treasurer: _____ Date: _____

Administrator Signature: _____ Date: _____