Cathedral City High School
Payment Request 2018/19

P.O. #

Processing time for a payment request is approximately 2 weeks. Requests must have the club advisor and club treasurer's signatures and all sections with arrows completed to be accepted for processing. Requests must be received by Friday afternoon to go to council on Tuesday. ****You must have a completed payment and an ASB assigned P.O. number to place an order so that funds availability can be verified. Invoices without an ASB P.O. number will not be accepted for payment*****

Organization Name: _____ **Advisor Name (print):** _____

I understand and agree to all timelines and conditions of this request. **Advisor Signature:** _____ **Date:**_____

PAYEE NAME (NAME TO WHOM THE CHECK IS ADDRESSED)		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
EST. AMOUNT (MAX)	PURPOSE FOR WHICH SUPPLIES ARE NEEDED	REIMBURSEMENT? NO YES	

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
		SUBTOTAL	
		SALES TAX	
		SHIPPING & HANDLING	
		TOTAL AMOUNT	

ASB FINANCIAL CLERK ONLY

ACCOUNT FUNDS ADEQUATE	ACTIVITY REQ FILED	ACCOUNT NUMBER	PO NUMBER	CLERKS INITIALS	TOTAL AMOUNT TO BE PAID
NO YES	NO YES N/A				

IMPORTANT NOTE: All expenditures must be pre-approved by the ASB Council before they are made. Pre-approved payment requests will be held in the ASB Office until payment is requested. No payments or reimbursements will be granted without an invoice or receipt.

"I hereby certify that the _____ Club approved the above request at a meeting held by a quorum of members on the

_____ ***day of*** _____, _____***"*** _____

Day **Month** **Year** **Club Treasurer Signature**

_____ _____

Club Advisor Signature **Club President Signature**

CCHS ASB FORMAL ACTION

___ Approved ____ Not Approved ____ Tabled (until _____) *"If "Tabled" or "Not Approved," the reason is as follows:*_____

I hereby certify that the CCHS ASB *Student Council took action on the above Payment Request at a formal meeting held on the*

_____ *day of* _____, _____ _____

Day Month Year ASB Treasurer Signature

_____ _____

Principal's Designee Signature Activities Director Signature