



Sutter Union High School District ASB REIMBURSEMENT REQUEST FORM

ASB Account Reimbursed From:

Full Name _____ Contact Number _____ Date _____

Mailing Address _____

ITEMIZED EXPENSES FOR REIMBURSEMENT			
Date	Vendor	Description	Amount
Reimbursement Requested: \$			

Please attach original itemized receipts, obtain Authorized Signature, and forward to the ASB Office for processing.

State law requires that all Student Body expenses be preapproved. By signature below, I acknowledge reimbursements are not subject to guarantee of payment. I hereby certify that the amounts claimed for meals and other expenses are actual; that they were expended in the performance of official school business and that no prior claim has been made.

Claimant's Signature _____

Date _____

Club Advisor's Signature _____

Date _____

Club Member's Signature _____

Date _____