



**Sutter Union High School District
ASB REIMBURSEMENT REQUEST FORM**

ASB Account

Full Name	Contact Number	Date
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Mailing Address

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

Please attach itemized receipts and forward to the ASB Office for processing.

State law requires that all expenses be preapproved. By signing 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 Signature	_____ Date	_____ Club Advisor Signature	_____ Date
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_____ Club Member Signature (student)	_____ Date	_____ Admin Signature	_____ Date
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