Sutter Union High School District
ASB REIMBURSEMENT REQUEST FORM

ASB Account

Full Name | Contact Number | Date

Mailing Address

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

Please attach <u>itemized</u> 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

Club Member Signature (student) | Date | Admin Signature | Date