

AGOURA HIGH SCHOOL ASSOCIATED STUDENT BODY

Check/Transfer Request Form

CHECK REQUEST
 MAIL
 HOLD

<i>ASB Bookkeeper Use Only</i>
<input type="checkbox"/> TRANSFER REQUEST FROM: _____ TO: _____

REQUESTED BY: _____
 CHECK PAYABLE TO: _____
 ADDRESS (If Mailed): _____
 CITY: _____ ZIP: _____

DATE: _____
 ASB ACCT: _____
 PO/PR #: _____

★ PLEASE LIST AND ATTACH ORIGINAL SIGNED OFF AND DATED RECEIPTS ★

INV DATE	INVOICE # (If Applicable)	VENDOR NAME	DESCRIPTION	AMOUNT
TOTAL:				

Club/Trust Officer Signature (If Applicable)

Approval

Advisor / Coach Signature

Student Council Use Only

Comissioner of Finance

ASB Approval

Date

Account #: _____
Check date: ____/____/____
Check #: _____

****After you fill out this form turn it into the AAC**