



WEST RANCH HIGH SCHOOL
ASSOCIATED STUDENT BODY

26255 VALENCIA BLVD
STEVENS RANCH, CA 91381
(661) 222-1220 EXT 561

DELIVERY METHOD – Check one

- Place in staff mailbox
- Send via US mail
- Hold for pickup in office

CHECK REQUEST

Date _____

Make check payable to: _____

Address: _____

City, State, ZIP: _____

For the amount of: _____

Account to debit: _____

Reason for request of funds: _____

By signing below, you are authorizing payment for a service, product, equipment and/or supplies that have been received. Student must be an active member of the above program.

Signature of Student: _____

Signature of Advisor: _____

Signature of Administrator and PO# _____

Check Request: _____ *Approved* _____ *Not Approved; reason:*

____ Original receipt/invoice not attached

____ ASB funds not allocated for request

____ Funds not available in trust account

____ Request not signed by authorized staff member

____ Other: _____

FOR ASB OFFICE USE ONLY

ASB Director

ASB Student Body Officer

Check number

Date entered

Amount encumbered

Account Number