CARLSBAD HIGH SCHOOL

Student Body Requisition

Req. # _____
(Office use)

Student Organization	Account No.	Date

Description/Information of Purchase	Amount
Total Amount to Pay	

Was Purchase Club Approved: ☐ YES ☐ NO

Has Order Been Received: ☐ YES ☐ NO

Club Faculty Advisor Signature
Club Student Representative Signature

INFORMATION FOR CHECK

(To be completed by person making requisition)

Check Payable To:	Check Delivery instruction: (Pick up by, Mail, Mail W/ Form, Etc.)
Street Address	City, State, Zip

(To be completed by ASB Office)

Date Expense Approved: _____

Date Payment Made: _____

Check Number Issued: _____

Amount of Check: _____

ASB Student Officer Signature
ASB Advisor Signature
ASB Accounting Technician Signature
Administrator Signature