Sweetwater Union High School District

_____School

Unorganized ASB Prior Approval for Expenditure Form

Today's Date: _____ Amount not to exceed $_____

Please attach quote/estimate

Club/Trust Name: _____

Vendor Information: _____

_____

List items to be purchased:

QTY	ITEM #	DESCRIPTION	UNIT PRICE	AMOUNT
				$
				$
				$
				$
				$
				$

Subtotal $_____

S/H $_____

Tax $_____

TOTAL $_____

Reason of expenditure: (Please be specific)

_____

_____

_____

Signature: Club Advisor (if applicable)

** This is NOT a check request.*

ASB USE ONLY

Requisition #_____

PO#_____

Funds Available: Y N (circle one) Approved_____Denied_____

_____

Approval: Principal

STEPS FOLLOWING APPROVAL:

1. Goods and/or services are ordered and received
2. Complete a Check Request Form and submit original invoices and/or receipts

FORM: 4502B 09/2021