Expenditure Request Form
Associated Student Body
Mission San Jose High School

This form must be submitted and approved PRIOR TO the spending or transferring of any funds from a MSJHS ASB account. Please turn this form in before making any purchases with a copy of CLUB meeting minutes. An ASB Cabinet comprised of the ASB Officers, 1 Class Officer from each grade, and the school Activities Director will meet on Fridays to process requests. This form must be turned in to Mr. Breazeale’s box in the office by Thursday at 12:30pm to be reviewed at that week’s meeting. Please check msjasb.org to see if your expenditure request form was passed. If your expenditure request form was approved, please write the number that was assigned to the expenditure request form on the top right hand corner of the requisition form in the area that says: “Requisition #_____”.

Date: _______________  Total Amount Approved: $__________

To Use Funds From: ____________________________________________________________
(Club, Class, or Trust Account Name) Account must currently have the money to cover the above expenditure!

Reason, Circle one: Purchase, P.O., Service, Other___________________________

NOTE: Money taken from a specific account can only be used for goods/services that apply to that account!
Expenditure approved and discussed in minutes of this organization dated ____________. A COPY OF MINUTES IS ATTACHED.

Goods or Services (Be Specific): Vendor, Company, Etc. Check Payable to:
________________________________________  ___________________________  Amt. $ _________
________________________________________  ___________________________  Amt. $ _________
________________________________________  ___________________________  Amt. $ _________
________________________________________  ___________________________  Amt. $ _________
________________________________________  ___________________________  Amt. $ _________

________________________________________
Club/Organization Representative Signature  Faculty/Advisor Signature

FOR ASB USE ONLY

Request #: ______

Date Reviewed: _______________________

Status
☐ Approved
☐ Denied
☐ ____________

Reason: _________________________

__________________________
ASB TREASURER

__________________________
ACTIVITIES DIRECTOR

__________________________
PRINCIPAL