

**Temecula Valley Unified School District
Student Council Account
ASB Check Request**

School: _____

Date: _____

Issue Check To: _____

Address: _____

Send Check To: Site Mail to Address Above

Check Amount: \$ _____

Account: _____ Club: _____

(Yearbook or Student Council)

For: _____

Authorized Signatures:

_____ Administrator

_____ Certificated Advisor

_____ Student Representative

Special Instructions: _____

**CHECK REQUEST MUST BE ACCOMPANIED BY THE FOLLOWING BACKUP DOCUMENTATION
Any Receipts, Invoices, Copy of Minutes Approving Expenditures, W9 Tax Forms**

Comments: _____

Check Processing Information
Check #:
Amount:
Issue Date: