

ASB DISTRICT VOUCHER PAYMENT REQUEST

SCHOOL/DEPARTMENT NAME: _____

DATE: _____

Please issue an ASB district voucher to the following:

VENDOR NAME:	_____
VENDOR ADDRESS:	_____
VENDOR CITY/STATE/ZIP:	_____

(Vendor Invoice must be attached)

Payment Breakdown

1000-	ASB General	\$	_____
2000-	ASB Athletics	\$	_____
3000-	ASB Classes	\$	_____
4000-	ASB Clubs	\$	_____
6000-	ASB Private Moneys	\$	_____
	TOTAL:	\$	_____

Account Custodian/Bookkeeper Signature: _____

Administrator Signature _____