



VALENCIA HIGH SCHOOL

ASSOCIATED STUDENT BODY

CHECK REQUEST FORM

Allow 5 – 10 School Days for Processing

TO: ASB FINANCIAL SECRETARY

DATE OF REQUEST: _____

Please issue a Student Body Check:

MAIL PICKUP

PAY TO: _____

ADDRESS: _____

CITY & STATE: _____ **ZIP CODE:** _____

THE SUM OF: _____ **DOLLARS**

CHECK IS FOR:

Account(s) to be Charged:

Name	Acct #	Amount

MUST ATTACH / COMPLETE THE FOLLOWING:

Original Purchase Order Forms and / or original invoices & receipts required.

All invoices must be accompanied by a packing slip or proof of items received.

If you would like ASB to mail your registration forms you must attach duplicate copies.

Student Rep & Faculty Advisor Signature required for processing.

Approved by: _____

*Student Rep. of Account – Required
ex. Club President / Team Captain*

Approved by: _____

*Faculty Advisor of Account – Required
or Department Chair*

CERTIFICATION: *(this section must be completed by ASB)*

We certify that this request has been approved by ASB or Student Council:

Approval Date: _____

ASB Officer: _____

ASB Advisor: _____

Administrator: _____