

WEST RANCH HIGH SCHOOL
ASSOCIATED STUDENT BODY

26255 VALENCIA BLVD
STEVENSON RANCH, CA 91381
(661)222-1220



DELIVERY METHOD – Check one

- Place in staff mailbox
- Send via US mail
- Hold for pickup in office

CHECK REQUEST FORM

Date _____

Make check payable to: _____

Address: _____

City, State, ZIP: _____

For the amount of: _____

Account to debit: _____

Reason for request of funds: _____

Signature of student requesting funds: _____

Signature of advisor: _____

Check Request: _____ *Approved* _____ *Not Approved*

If the check request was not approved, the reason is:

- ___ Original receipt/invoice not attached
- ___ ASB funds not allocated for request
- ___ Funds not available in trust account
- ___ Request not signed by authorized staff member
- ___ Other: _____

FOR ASB OFFICE USE ONLY

ASB Director

ASB Student Body Officer

Check number

Date entered

Amount encumbered

Account number