

1401 Fremont Avenue • South Pasadena, CA 91030 • (626) 799-0236

Requisition #: 7926

Date: _____

CHECK REQUEST		
<i>(For payment original invoice and receiving documentation must be attached.)</i>		
Requested by: _____	Purpose: _____	
Amount Requested: \$ _____	Date Check Needed: _____	Club/Trust/Account: _____
Acct. Nmb(r)s) Chrgd: _____	Amount: \$ _____	SS#/Tax I.D. #: _____
Acct. Nmb(r)s) Chrgd: _____	Amount: \$ _____	(Social Security Number or Tax I.D. Number must be included for all persons)
Acct. Nmb(r)s) Chrgd: _____	Amount: \$ _____	(Indicating a service)
REQUIRED SIGNATURES		
Club/Trust/Account Treasurer: _____	ASB Commissioner of Finance: _____	
Club/Trust/Account Advisor: _____	ASB Advisor: _____	
Date Approved by Club/Trust/Account: _____	Date Approved by ASB: _____	
Principal: _____	Date: _____	
Check Number: _____	Date: _____	

PURCHASE ORDER			
Invoice To:	South Pasadena Unified School District	1020 El Centro Street	South Pasadena, CA 91030 (626) 441-5700
Ship To:	South Pasadena High School ASB	1401 Fremont Avenue	South Pasadena, CA 91030 (626) 799-0236
Pay To: <i>(Complete Name and Address)</i>		Distributed To: _____	
		Date Distributed: _____	
Product <i>(Item Number and Description - Non Taxable Item = *)</i>	Quantity	Unit Cost	Amount <i>(Quantity X Unit Cost)</i>
Special Instructions:	Sub Total		
	Sales Tax (8.25%)		
	Shipping (10%)		
	TOTAL		
South Pasadena High School ASB by law is exempt from Federal Excise Taxes			

CHECK REQUEST

Distribution:

Forms are stored in the Student bank and may be checked out at **Lunch** or **5th Period**. We must account for all numbered forms, so the deposit form number, the name of the person taking the form, the account for which it is needed, and the date it is checked out must be recorded on the log sheet.

Directions:

1. **Date:** top right corner
2. **Requested by:** whoever is filling out the check request
3. **Purpose:** the reason you need to check (reimbursement, etc.)
4. **Amount Requested:** the amount of money being requested
5. **Club/Trust/Account:** the name of the account to be charged (Senior Class, Key Club, etc.)
6. **Acct. Nmbr(s) Chrgd:** the number(s) of the account(s) to be charged – available in the student bank
7. **Amt:** the amount of money being taken out of each account charged
8. **Club/Trust/Account Treasurer:** required signature of account's treasurer
9. **Club/Trust/Account Advisor:** required signature of account's advisor
10. **Date Approved By Club/Trust/Account:** attach a copy of minutes when club approved to charge their account
11. **Pay To:** the recipient of the check - with address if you would like ASB to mail the check
12. **Product/Quantity/Unit Cost/Amount:** the item(s) purchased/ordered for which the check request/purchase order is paying, the quantity of each item, the cost of each item, and the total cost.
13. **Subtotal:** amount before tax or shipping is added
14. **Total:** total amount requested
15. **A.** Make sure that you have all **ORIGINAL** invoices and/or itemized receipts of all the items purchased attached to the Check Request in order to receive the total amount requested (it is advised that you make a copy of all invoices and receipts for your own records as well).
B. Receipts must be itemized. Credit card receipts will not be accepted. Faxes of invoices and quotes cannot be used.

C. Services (equipment repair, silk-screening, hotel services, customized items, DJs, catering, etc.) cannot be reimbursed. The vendor must bill SPHS ASB and be paid with a check from SPHS ASB. A W-9 from the vendor will also be needed for payment. If we have

used the vendor in the past, we should have a W-9 on file.