

Cathedral City High School
Payment Request 2023-24

P.O. #

Processing time for a payment request is approximately 2 weeks. Requests must have the club advisor and club treasurer's signatures and all sections with arrows completed to be accepted for processing. Requests must be received by Monday afternoon to go to council on Tuesday. ****You must have a completed payment and an ASB assigned P.O. number to place an order so that funds availability can be verified. Invoices without an ASB P.O. number will not be accepted for payment.****

Organization Name: _____ Advisor Name (print): _____

I understand and agree to all timelines and conditions of this request. Advisor Signature: _____ Date: _____

PAYEE NAME (NAME TO WHOM THE CHECK IS ADDRESSED)		PHONE NUMBER	
ADDRESS		CITY	STATE ZIP
EST. AMOUNT (MAX)	PURPOSE FOR WHICH SUPPLIES ARE NEEDED	REIMBURSEMENT? NO YES	

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
SUBTOTAL			
SALES TAX			
SHIPPING & HANDLING			
TOTAL AMOUNT			

ASB FINANCIAL CLERK ONLY					
ACCOUNT FUNDS ADEQUATE	ACTIVITY REQ FILED	ACCOUNT NUMBER	PO NUMBER	CLERKS INITIALS	TOTAL AMOUNT TO BE PAID
NO YES	NO YES N/A				

IMPORTANT NOTE: All expenditures must be pre-approved by the ASB Council before they are made. Pre-approved payment requests will be held in the ASB Office until payment is requested. No payments or reimbursements will be granted without an invoice or receipt.

"I hereby certify that the _____ Club approved the above request at a meeting held by a quorum of members on the

_____ day of _____, _____
Day Month Year Club Treasurer Signature

Club Advisor Signature Club President Signature

CCHS ASB FORMAL ACTION	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
<input type="checkbox"/> Tabled (until _____)	"If "Tabled" or "Not Approved," the reason is as follows: _____"
I hereby certify that the CCHS ASB Student Council took action on the above Payment Request at a formal meeting held on the _____ day of _____, _____ Day Month Year ASB Treasurer Signature	
_____ Principal's Designee Signature	_____ Activities Director Signature