

**Mendez Fundamental Intermediate School**

**ASB Leadership**

**with Pride, Spirit, Respect and Tolerance**

**Reimbursement Request**

Club/Organization Name: Request Date:

Requestor:

Requested ASB Account: Amount: $

*“****We certify that this request has been approved and recorded in the club minutes.”***

 ***Club Advisor Approval:*  Date:**

 ***Club Student Rep. Approval:*  Date:**

**\*\*ALL CLUB SIGNATURES ARE REQUIRED PRIOR TO TURNING IN FOR ASB APPROVAL\*\***

Rationale for Funds Used:

Activities Dir. Approval: Date:

Administrative Approval: Date:

Student Council Approval: Approved Not Approved Date:

P.O. #: Date:

Invoice#: Date: