

Santa Ana Unified School District  
**GODINEZ FUNDAMENTAL HIGH SCHOOL**  
**Request to Spend Club Funds**

*Completion of this form does not ensure that funds will be granted. Invoices or reimbursements will not be paid unless ASB has had prior approval.*

Date: \_\_\_\_\_ School Year: \_\_\_\_\_

Club: \_\_\_\_\_ Advisor: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Purpose of Request:

Method of Payment:

Company \_\_\_\_\_  Reimbursement to: \_\_\_\_\_

*Invoices/Receipts must be submitted to ASB for payment.*

Student Club Rep. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ASB OFFICE USE ONLY**

Current Club Balance: \$ \_\_\_\_\_ As of: \_\_\_\_\_  
(Date)

**APPROVED**      **Approved to spend requested funds as of ASB Minutes Date below. Funds will not be paid if purchased prior to the ASB Minutes Date.**

**In order to have your reimbursement or invoice paid please attach all receipts or invoices to one of the NCR copies of this form. Advisor must write ok to pay, club name, sign and date invoice or receipt, and send to ASB Bookkeeper.**

**NOT APPROVED**      Reason(s) for denial:

DATE TO BE RECORDED ON MINUTES \_\_\_\_\_

Student Council Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PO #: \_\_\_\_\_ Invoice #: \_\_\_\_\_ Invoice Date: \_\_\_\_\_