TAMALPAIS HIGH SCHOOL

ASSOCIATED STUDENT BODY

For Clubs: Please make sure to attach a copy of your minutes demonstrating you voted on the expenditure.

PURCHASE/REIMBURSEMENT REQUISITION

Date_____ ASB Account #_____

Vendor/Payee_____

Address_____

_____

Text
Text

Activity_____

Quantity	Description	Unit Cost	Extended

Subtotal	
Sales Tax	
Shipping	
Total	

Club/ Organization: _____

Requested by :_____ Signature:_____

Advisor Name:_____ Signature:_____

OFFICE USE ONLY:

ASB Officer: _____ SA Director:_____ Date:_____

Check #:	Amount:	Date of Check: