

**John Burroughs High School Associated Student Body (ASB)
Disbursement Voucher/Requisition Request**

Complete this form in FULL. Include dates, reason for, and ALL receipts or invoices to justify the expense(s). Return to the Finance/Student Store Office. If receipts/invoices are not attached, requests may be returned. Please help us by submitting your request a minimum of three (3) days prior to the date the check is needed. Thanks for your help and cooperation. We appreciate it.

Today's Date:

Date check is needed by:

Check Amount: \$ _____

Check Payable to (must include complete address!):

Do you want the Finance Office to mail the check: YES NO

Reason for check – Reimbursement, Tournament Fee, Other (list items):

Account:

Coach/Advisor Signature:
