

CHENEY SCHOOL DISTRICT

520 Fourth Street
Cheney, Washington 99004

School _____

A.S.B. CHECK REQUISITION

Purchase Order No. _____ Date _____

Budget Code _____

Organization _____

Please make check payable to: _____

Address: _____

For the amount of \$ _____ These funds are being spent for _____

Signed: (Activity Advisor) _____

Signed: (A.S.B. Officer) _____

Signed: (Primary Advisor) _____

*Check Number _____ Issued _____ Date _____ Approved _____
(A.S.B. Central Treasurer)

Activity Advisors will prepare this form and send to the School Treasurer. The Treasurer will insert the *Check Number when written from their Imprest Fund checking account. Invoices or bills must be attached to this form. Please submit invoices to the Business Office when requesting a warrant.