

**SNOQUALMIE VALLEY SCHOOL DISTRICT #410
ASSOCIATED STUDENT BODY PROGRAM FUND
IMPREST CHECKING ACCOUNT REIMBURSEMENT REQUEST**

SCHOOL: _____

REQUEST DATE: _____

CHECK # _____ THRU _____

FOR MONTH OF: _____

DATE	CHECK #	PAYEE	PAYMENT FOR	ACCOUNT NUMBER			AMOUNT
				GL ACCT	CLUB	LOCATION	

Under the penalty of perjury and in accordance with Chapter 42.24 RCW, I hereby certify that the claims herein are just, and the materials and/or services have been received.

Primary Advisor

ASB Central Treasurer

Student Representative

Register Balance	_____
Plus: Current Replenishment	_____
Ck # _____ thru Ck # _____	_____
Plus: Cash Box	_____

Plus: Outstanding Reimbursements	_____
Equals: Imprest Balance	_____