



Snoqualmie Valley

School District #410

8001 Silva Avenue S.E., P.O. Box 400, Snoqualmie, WA 98065
 Phone (425) 831-8000 ♦ Fax (425) 831-8040 ♦ www.svsd410.org

ASB IMPREST ACCOUNT PREPAYMENT REQUEST

To: _____
SCHOOL NAME

Date: _____

From: _____
REQUESTOR'S NAME

Position: _____
REQUESTOR'S POSITION

Please prepay the expenditure listed below. I certify under penalty of perjury that this is a just and correct claim for a necessary and legitimate ASB expenditure, and that no other payment has been made on account thereof. **I have attached the original documentation for this claim (e.g. Order Form / Registration Form / Invoice). I will submit itemized receipts as required by the School Board.**

Requestor's Signature: _____

Vendor's Information

Check Payable to: _____

Amount: \$ _____

TIP (Optional: 15% MAX) \$ _____

Total Request (not to exceed \$300): \$ _____

Vendor's Remit Address: _____

City/State/Zip: _____

Items for Purchase: _____

Reason for Purchase: _____

AFTER CHECK IS WRITTEN PLEASE (check one):

Return check to: _____

Mail check to address above

OFFICE USE ONLY	
ASB STUDENT APPROVAL: _____	DATE: _____
ASB ADVISOR APPROVAL: _____	DATE: _____
ACCOUNT CODE: 40 – E – 530 – _____ – 00 – 0000 – _____ – 0000 – 0000 – 0	
CHECK # _____	ISSUE DATE: _____
CHECK ISSUED BY: _____	