

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

SCHOOL: _____

REQUEST DATE: _____

CHECK # _____ THRU _____

FOR MONTH OF: _____

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