



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 FUND PREPAYMENT REQUEST

To: School Office

From: _____
REQUESTOR'S NAME

Date: _____

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.

Signed: _____

Position: _____

Amount: \$ _____

Payable to: _____

Please attach original order/registration

ASB STUDENT APPROVAL: _____ DATE: _____

ASB ADVISOR APPROVAL: _____ DATE: _____

ACCOUNT CODE: _____ - _____ - _____ - _____ - _____ - _____

CHECK # _____ DATE: _____