West Valley School District No. 363

ASB IMPREST CHECKING ACCOUNT REPLENISHMENT REQUEST

ASSOCIATED STUDENT BODY:

☐ Contract Basexd Education ☐ Spokane Valley High Schoo;l ☐ West Valley City School

☐ West Valley High School ☐ Centennial Middle School ☐ Seth Woodard Elementary

APPROVED FOR PAYMENT:

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein and that the claim is a just, due and unpaid obligation against West Valley School District #363 and that I am authorized to authenticate and certify to said claim.

ASB Student Officer Date

ASB Bookkeeper/Secretary Date Advisor Date

Reconciliation

Balance $ _____

Total Expenditures $ _____

Total $ _____

Authorized Amount $ _____

Check #	Payee	Activity #	Item(s) Purchased	Amount	C\T

Check #	Payee	Activity #	Item(s) Purchased	Amount	C/T