<table>
<thead>
<tr>
<th>The Student Body of:</th>
<th>Date:</th>
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1. □ Request for Expenditure  This expenditure is in the Associated Student Body Budget:  Yes ☐  No ☐

Vendor/Contractor/Employee*  
Amount: $.

Description: __________________________________________________________

*If services are provided, a W9 must be completed. Risk Mgt approval may also be required for insurance purposes. If employee, W4 and I9 must be completed.

2. □ Receive Cash or Non-monetary Donation

Donor:  
Amount: $.

Item/Check # and Date:  
Make:  
Model:  
Serial #:  

Purpose: ____________________________________________________________

3. □ Transfer or Dispose of Student Body Owned Equipment/Inventory - Copy of completed Transportation Order Form is attached whether equipment is to be transferred to another school or to salvage.

Recipient:  
Value: $.

Note: If approved, item(s) should be removed from Associated Student Body Inventory.

4. □ Student Body Funded Projects Only - Copy of completed Attachment 2 Project Approval Tracking Sheet is attached. (BUL-5761.0 Modifications and Additions to District Property funded by or performed by a Third Party)

*If services are provided, a W9 must be completed. Risk Management Office's approval may also be required for insurance purposes. If employee, W4 and I9 must be completed.

Approved in Student Body Council Meeting (required for secondary school) Date ________________ Minutes are attached to this Request.

Signature of Principal (Required): ________________________________ Date: ________________

Signature of ASB Treasurer (Required for Secondary): ________________________________ Date: ________________

Signature of Financial Manager (Required if applicable): ________________________________ Date: ________________

After completion, please submit to your Coordinating Financial Manager with a copy of the check (via email)

Student Body Finance Support Approval:  ☐ Approved  ☐ Not Approved  Comments: ________________________________

Coordinating Financial Manager Signature: ________________________________ Date: ________________

Other Approvals (if applicable):  
M&O: ________________________________ Date: ________________
OEHS: ________________________________ Date: ________________

Additional Approval for Donation only (All signatures are required):

($5,001 to $15,000) Accounting Manager Signature: ________________________________ Date: ________________
($15,001 to $24,999) Deputy Controller Signature: ________________________________ Date: ________________
($25,001 and above) Controller Signature: ________________________________ Date: ________________

September 15, 2021