

Santa Cruz High School
Pre-Approval for Expenditure
Expenditure can not be made prior to approval

Club/Sport: _____ Account #: _____

Clubs must attach a copy of minutes showing this request was voted on and approved.

- Description of expense/purchase(s): _____

- Expenditure will be in the amount of/or not to exceed \$_____ (if applicable attach quote/budget)

- If your account does not have the funds to cover this expense, please state how the purchase/expense will be paid for: _____

ISSUE A CHECK

Please issue a check at the time this request is approved; for example pre-paying for tournament fees, conference registration, etc. Attach proper back-up documentation.

[] Check box if the attached document needs to be mailed with check; include an extra copy.

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____

Note: *If a check is not being issued at this time then to be reimbursed for this expense a check request form, with the original receipt(s), must be submitted to the Finance Office. The pre-approval number must be referenced on the check request form.*

Club Advisor/Coach Signature Date Club Advisor/Coach Printed Name

Student Club Officer Signature Date Student Club Officer Printed Name
(not required for sports)

Finance Office will Route for Approval			
Finance Office	Date	Account Balance	Principal
ASB Officer	Date	ASB Director	Date
[] No - Reason: _____		Athletic Director (if applicable)	Date

**After Approval the Finance Office will disperse copies.
(White - Finance Office) (Yellow - Originator) (ASB - Pink)**