

**LAKE STEVENS SCHOOL DISTRICT
ASB PROGRAM FUND**

ASB CHARITABLE FUND DISBURSEMENT REQUEST

Date _____

This is a request for disbursement of ASB Charitable funds form

_____ **Account Name** _____ **Account Code**

in the amount of \$ _____ payable to

_____ **Name / organization**

_____ **Address**

_____ **City, State, Zip Code**

Purpose _____

ASB AUTHORIZATION

_____ **ASB Activity/Club Advisor**

_____ **ASB Treasurer**

_____ **ASB Primary Advisor**

_____ **ASB School Secretary**

- * **Requirements for disbursements as follows;**
 - Active vendor in Accounting System.**
 - Fundraiser reconciliation attached including proof of deposits.**