

Petaluma City Schools - ASB PRE-APPROVAL REQUEST (PAR)

Name of ASB Club: _____ Date: _____ Acct. #: _____
Name of Advisor: _____
Purpose/Need for Purchase: _____

**** include club roster and agenda ****

Order Received

Minutes Approved/Recorded

PRE-APPROVED / CHECK AMOUNT: \$

APPROVALS:

Student Officer Signature & _____
Print Name: _____

Advisor/Club Signature & _____
Print Name: _____

Principal/AP Approval: _____ (Type Name Here)

CHECK REQUEST:

Make Check Payable to: _____

Address: _____

City, State, ZIP: _____

SPECIAL INSTRUCTIONS: Mail: _____ Hold for pickup: _____ by: _____

Place in Advisor/Recipient's Box: _____

<p><u>Office Use Only</u></p> <p>PARF#: _____</p> <p>PARF Date: _____</p> <p>Ck#: _____</p> <p>Ck Date: _____</p> <p>Signature: _____</p>
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