Chino Valley Unified School District

Associated Student Body

Check Request for Multiple Payees

School Name _____ Date _____

Student Body Account _____ # _____ P.O.# _____

Purpose _____ Amount $ _____

Special Instructions _____ Date Required _____

Use this form when requesting checks to be issued from the same account, on the same date, for the same purpose, i.e., sports officials, fundraiser prizes, refunds, etc. Payee must complete W-9 prior to payment when form is attached.

Payee	Payee's Signature	Amount	Check No.

Total: $ 0.00

APPROVALS

Moved _____ Seconded _____ Yes _____ No _____ Abstain _____

Appears in Student Body Minutes Dated _____

Club Advisor _____ Date _____ Principal/Designee _____ Date _____

Student Body Officer _____ Date _____ District Approval _____ Date _____

THIS SPACE FOR FINANCE OFFICE USE ONLY

Check Number _____ Current Balance $ _____

Issue Date _____ Check Amount $ _____

Mail Date _____

Signature - Business Office/Finance Clerk _____

Distribution: WHITE-Business Office/Finance Clerk YELLOW-Club File PINK-School File ASB Form 638-Revised 2011