



ASB CLAIM FORM

DIRECTIONS: For this claim to be considered, you must attach both of the following to this form:

- 1 – Receipts for all expenditures being claimed
 - 2 – A completed ASB club minute form, as would be used with any regular ASB requisition.
- Complete the claim form in its entirety before submitting it to the ASB.

CLAIMANT _____	DATE _____
MAILING _____	TELEPHONE _____
ADDRESS _____	

NOTE: Please indicate in the space provided why a reimbursement is necessary (that is, why normal ASB requisition procedures were not used).

DATE	DESCRIPTION	AMOUNT

CERTIFICATE OF CLAIMANT:

I hereby certify that the above claim and the items, amounts and statements are true and correct; that no part has heretofore been paid; that the amount claimed is justly due and is presented within one year after the items thereof have accrued.

CLUB ACCOUNT NAME

APPROVED: Student Activities Director

Signature of Claimant

APPROVED: ASB Treasurer/Finance Secretary