RHHS Student Council 2016/2017 Expense Forms

Date: _____

Requested By: _____ *Name*

Club/Event/Activity: _____

Cheque Payable To: _____ *Print **CLEARLY***

Contact Info: _____ *Email*

Reason for Request of Funds: _____

_____

_____

	Description	Quantity	Unit Price	Extended Price
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Checklist for Clubs

☐ Staff Advisor Approval

☐ Within Club Budget

☐ Original Receipts

☐ Reimbursement is worth over $10. (If not, wait until the accumulated is amount to be reimbursed is a minimum of $10.)

Exact Total: _____

Approval: X _____ _____

(Teacher Advisor) *(Print Name)*

Final Amount Requested: X _____

Office Use Only

Cheque Number: _____

Principal's Signature: X _____

Teacher Supervisor Signature: X _____ _____

(Print Name)

Cheque Received: X _____

Name (Print): _____

Date: _____