



ASB Request for Invoice

An Everett Public Schools' invoice should be sent to:

Name _____
Address _____
City _____ State _____ Zip _____

Revenue code to be credited	Fund	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total amount to be credited		

Description of items to be invoiced (Attach supporting documentation if applicable)	Itemized Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total amount to be debited	

Total **Invoice** (**Total credits must match Total debits**)-----

Prepared By _____ Title _____ Date _____

ASB Treasurer _____ Date _____ Student Representative _____ Date _____

Primary Advisor _____ Date _____ Activity Advisor _____ Date _____