

**Everett Public Schools**  
**ASB REQUEST FOR INVOICE**

An Everett Public Schools invoice should be sent to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Club/Activity Code to be credited: \_\_\_\_\_

Description of items to be invoiced (attach supporting documentation if applicable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Charge - - - - - \$ \_\_\_\_\_

\_\_\_\_\_  
ASB Treasurer's Authorization

\_\_\_\_\_  
Date