



7621 Beverly Lane
Everett, WA 98203

Evergreen Middle School

ASB Funds Request Form

Allow one month for request to be processed

Today's Date: _____

Name of person or group making the request: _____

Type of Request:

☐ Funds from your approved budget ☐ New funds from General ☐ Just Processing Funds through ASB

Describe your request (if applicable, include item numbers or attach a quote or webpage print out):

☐ Purchase Order ☐ Pcard ☐ Reimbursement ☐ Frontline (subs)

Vendor Information:

Vendor Name _____ Contact Person _____

Phone # _____ Fax # _____ Email _____

Website Address _____

Amount Requesting _____ Date request needed by _____

Date of Event (if applicable) _____

***Retain a copy of this request for your own records.**

Approved: Yes _____ No _____ Date Approved or Denied: _____

Account Code: _____

ASB Officer Signature

Assistant Principal Signature

ASB Advisor Signature

School Treasure Signature

****Per Washington State ASB Law, all requests MUST be pre-approved****