

For Office Use Only

Current Acct Balance: \_\_

## Westmoor High School

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Associated Student Body
131 Westmoor Avenue Daly City CA 94015
Phone (650) 550-7400 FAX (650) 550-7490
Westmoor High School website: whs.juhsd.net

CHECK REQUEST FORM	
<ul><li>☐ Original Receipt(s) attached</li><li>☐ Copy of Minutes attached</li></ul>	Date Submitted:  Date Approved:
receipt is a full sheet of paper, staple it to the beweeks for reimbursement.  Payable To:	onto a separate sheet(s) of white paper or if the back of this check request. Please allow up to 2  Organization Responsible for Payment:
Name: Address: City/State/Zip: Phone:	Club: Account Number: Requisitioner:
Chec Purchase Order # associated with this request: List Specific Items Purchased for Check:	ck Details
Total Amount Requested:	□Please mail check
	□Please deliver check to:
Approva	al Signatures
Signature:	Signature:
Signature:	Signature:  Organization Treasurer

Remaining Balance (after this request): \_