

ASSOCIATED STUDENTS of FREEDOM HIGH SCHOOL
1050 Neroly Rd., Oakley, California 94561

PRE-AUTHORIZATION REQUEST

This form must be filled out completely, properly signed, and presented to the Student Accounts Office PRIOR to contracting for any services or making any food purchases. Reimbursement will not be issued without prior authorization. Requires Original Contracts and Original Receipts only, no exceptions.

The _____ (Club/Sport Name)

Advisor Name _____

Account # _____ requests authorization to purchase the items listed below and that reimbursement be issued to:

Recommended Vendor _____

Address _____

City _____ State _____ Zip _____

Purpose/Event _____

(**ALL** ABOVE LINES MUST BE COMPLETED. ANY FORM WITH BLANK LINES WILL BE RETURNED TO YOU **UN-PROCESSED**)

ITEM	DESCRIPTION	ESTIMATED COST
TOTAL NOT TO EXCEED		\$

Signatures Required:

Student Accounts Administrator _____ Date _____

Club/Sport Advisor _____ Date _____

Student Treasurer _____ Date _____

THIS FORM IS NOT CONSIDERED COMPLETED UNTIL ALL SIGNATURES HAVE BEEN OBTAINED, INDICATING AUTHORIZATION

*****DO NOT WRITE BELOW THIS LINE/ACCOUNTING OFFICE USE ONLY*****

Financial Office Verification (funds available) Initials _____

Date Completed Request Received _____