

# La Habra High School

## FUNDS USE & FUNDRAISER/ACTIVITY REQUEST

*(This request is only for LHHS Staff & Organizations ONLY, all others must see APIO Secretary for Facility Request Form)*

*This form needs to be submitted to the APSA at least two weeks prior to the activity. Fill out only the section(s) that you need approval for. Once approved you will be notified with a copy of this form in your mailbox.*

Club/Organization: \_\_\_\_\_ Account Number: \_\_\_\_\_

Advisor: \_\_\_\_\_ Account Balance: \_\_\_\_\_

*Please make sure to sign this form before submitting to APSA:*

Club Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Club Student Rep: \_\_\_\_\_ Date: \_\_\_\_\_

### **ASB FUNDS USE APPROVAL**

*\*Advisors: Invoices will not be paid unless there has been prior ASB Approval \**

Request is made in the amount of: \$ \_\_\_\_\_ for the purpose of: \_\_\_\_\_

Payment to be made to: \_\_\_\_\_  
*(Name of Company or Person making the expense)*

### **ASB FUNDRAISER/ACTIVITY REQUEST**

Dates of Sale/Activity: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Type of Fundraiser/Activity (*description*): \_\_\_\_\_

How will Items Be Purchased: *(if purchases have to be made the above Funds Use section must be filled out)*

- ASB Purchase Order     
  Advisor Purchase & Reimbursement     
  Donations

**Potential Revenue** *(please fill out chart below, if additional space is needed, use the back of this form)*

Anticipated Profit \$ \_\_\_\_\_

Item(s) to be purchased or donated	Quantity	Actual Cost	Selling Price

Other Expenses: ( <i>description</i> )	Amount \$

*\* For Office Use Only \**

**Request:**     **Approved**       **Declined**

ASB Meeting Date: \_\_\_\_\_

ASB Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

AP Student Affairs: \_\_\_\_\_ Date: \_\_\_\_\_