



Auburn Mountainview Booster Club



Transfer to ASB Form

Please attach your receipts to this form for purchases made and fill out top part of the form below. **Purchases for reimbursement should be on separate receipts from personal purchases.**

Name: _____ Committee/Group: _____

Phone #: _____ Date: _____

Explanation of Transfer	Amount	Committee/Event
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount of Requested Transfer: _____ \$ _____

Signature of person submitting bill: _____

Parent rep name and signature (if applicable): _____

School/Athletic Director signature (if applicable): _____

ASB Account number: _____

For Treasurer's Use Only

Check made payable to: AMHS

Check # _____ Check Amount \$: _____

Date Received / Issued / Bookkeeper Receipt _____ / _____ / _____

Committee/Account Charge	Amount
_____	_____
_____	_____
_____	_____

Treasurer's signature: _____