

CENTRAL POINT SCHOOL DISTRICT #6
Student Body Funds Expenditure Approval Form



School: _____ Club/Activity/Sport: _____

Advisor/Coach: _____ Activity Account Number: _____

Date or Date Range of expenditure: _____ Not to exceed Amount: \$ _____

Please list names and roles of students involved in the approval: _____

Please describe the purpose of this activity (what is being accomplished; goals): _____

Please describe how the funds will be spent: _____

Please describe the source of funds for this activity: _____

I understand that this form must be approved **before** requesting purchase orders for the activity described. By signing this request, I agree that our club/organization will follow the guidelines outlined in the Student Body Funds Manual.

Student(s) Representative Approval

Date

Advisor/Coach Approval

Date

Principal Approval

Date