

**Waterford High School
Associated Student Body
Request for Prior Purchase Approval**

Today's Date: _____ Club Advisor Name: _____

Club Name: _____ Club Account #: _____

Estimated Amount: \$ _____ **(Not to be exceeded)**

Reason for Expenditure :

Advisor Signature: _____ Date: _____

Student Representative: _____ Date: _____

ASB Executive Approval:

Approved Denied Reason: _____

ASB Director Signature

Date

ASB Student Representative

Date