



Pre-Approval #: \_\_\_\_\_

Arcadia Unified School District  
**FOOTHILLS MIDDLE SCHOOL**  
**ASB Request for Pre-Approval of Funds**

**ALL purchases MUST be pre-approved before money is spent or orders are placed. Pre-approval of funds will not be granted until money is collected from participants and an activity budget has been established.**

_____	_____
Organization	Name of person requesting PA
\$ _____	_____
Amount Requested	Account to Be Billed

**Activity/Event:** \_\_\_\_\_

\*Please attach a detailed list of budgeted expenses for the activity or event.

**Date of Activity/Event:** \_\_\_\_\_

\*If transportation is required, how will the transportation costs be covered?

ASB (Account Name \_\_\_\_\_)  
 School Account

Signature: \_\_\_\_\_

ASB Advisor Signature: \_\_\_\_\_

Approved \_\_\_\_\_ (Date Approved)     
  Denied \_\_\_\_\_ Reason: \_\_\_\_\_ (Date Denied)

Student Council Signature: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

ASB Clerk's Signature: \_\_\_\_\_

<b><u>FOR OFFICE USE ONLY:</u></b>	
Donation Letter Sent (if applicable):	Yes    No                      Date: _____
Total Money Collected: _____	Budget Attached:    Yes    No