Kennewick School District
BUDGET REQUEST
ASB Academic Competition Curricular Clubs

Club Name: ____________________________ Date of Request: _____________________
School: _____________________________________________________________________
Advisor: ___________________________________________________________________
Club President: _______________________________________________________________

Describe the competition you are requesting funding for in 3-4 concise sentences:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

List the individuals or number of students participating in the event for this request:
(Attach additional names if necessary)
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Itemize your expected expenses as much as possible

_____________________________________________________________________________ $_______________
_____________________________________________________________________________ $_______________
_____________________________________________________________________________ $_______________
_____________________________________________________________________________ $_______________
_____________________________________________________________________________ $_______________

TOTAL AMOUNT REQUESTED $_______________

_________________________________      _________________________________
Advisor Signature                                                    Club President Signature

_________________________________           Approved                      Denied
ASB Officer Signature

________________________________________                   Amount Approved $ __________________
* Building Administrator Signature