



ASB
 700 Ave Pico
 San Clemente, Ca 92673
 Phone: 949-492-4165
 Fax: 949-361-5175
 aastanco@capousd.org

BILL TO :	ACCOUNT NAME		PAY TO: NAME	
	ACCOUNT #			
	PO #		CITY, ST. ZIP	

INVOICE DATE:		(date given to ASB)	
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DATE OF PURCHASE	STORE/ VENDOR	PURCHASE SUMMARY	AMOUNT

DATE RECEIVED:		\$	-
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ADVISOR/ COACH SIGNATURE:	
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ORIGINAL, ITEMIZED RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT

RECEIPTS FOR GOODS RECEIVED MUST BE INITIALED BY A THIRD PARTY