

Washington School for the Deaf
SERVING DEAF AND HARD OF HEARING CHILDREN
THROUGHOUT THE STATE OF WASHINGTON

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CLUB REQUISITION

Date _____

Requested by _____

Title _____

Purpose _____

Amount Needed \$ _____

Date Needed _____

Suggested Account to be used _____

Check to be _____

Mailed (please note address below)

Picked up

Make check payable to
(Address)

Approved by (Supervisor) _____ Date _____

Approved by (Business Office) _____ Date _____