

**CHINO VALLEY UNIFIED SCHOOL DISTRICT**  
*Associated Student Body*  
*Student Donations*

School Name \_\_\_\_\_ Date \_\_\_\_\_

Club/Account \_\_\_\_\_ Advisor \_\_\_\_\_

Item Donated \_\_\_\_\_ Cost \_\_\_\_\_

No.	Student Name	Student Signature	Date Received	Reason
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

**NOTE:** Donations are discouraged as ASB funds are to be used on students as a whole and not individuals.  
 Use separate sheet for separate items.

Distribution: WHITE - Business Office/Finance Clerk YELLOW - Club File