AP Check Register

BOARD CERTIFICATION STATEMENT

Payments have been audited and certified by the Auditing Officer as required by RCW 42.24.080, and those expense reimbursement claims certified as required by RCW 42.24.090. Those payments have been recorded on a listing which has been made available to the board.

As of September 24, 2026, the Board, by a ________________ vote, approves payments, totaling $3,085.64, and/or voids (cancellations), totaling $0.00. The payments and/or voids are further identified in this document.

Total by Payment Type: ASB AP

Check Numbers 21114 through 21118, totaling $3,085.64

☐ In addition to the Check Summary Report below, we have also reviewed the following related documentation:

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Secretary ______________________________ Board Member ______________________________

Board Member ______________________________ Board Member ______________________________

Board Member ______________________________ Board Member ______________________________

AP Check Register

Accounts Payable Run: ASB09302026 **Run Type:** R - Regular

Payment Number	Payee				Net Payment Amount
21114	ADRIAN, TAYLOR DEAN				$325.37
	Invoice Number	**Description**	**Invoice Date**	**Amount**	
	0902026	OOP REIMBURSEMENT W CLUB	09/02/2026	$325.37	
	Account			**Amount**	
	40 E 530 4041 00 0000 0040 0000 0000 0			$325.37	
21115	ADVANCED ELECTRIC SIGNS				$140.27
	Invoice Number	**Description**	**Invoice Date**	**Amount**	
	4938-26	WHS GYM SIGNS	09/01/2026	$140.27	
	Account			**Amount**	
	40 E 530 4041 00 0000 0040 0000 0000 0			$140.27	
21116	HIGH FIDELITY				$1,295.00
	Invoice Number	**Description**	**Invoice Date**	**Amount**	
	196819	DJ WITH PHOTO BOOTH WITH BACKDROP	09/17/2026	$1,295.00	
	Account			**Amount**	
	40 E 530 1000 00 0000 0030 0000 0000 0			$1,295.00	
21117	MARK MORRIS HIGH SCHOOL				$325.00
	Invoice Number	**Description**	**Invoice Date**	**Amount**	
	926-09	VARSITY VBALL - MONARCH CHALLENGE	09/09/2026	$325.00	
	Account			**Amount**	
	40 E 530 4017 00 0000 0040 0000 0000 0			$325.00	
21118	PENDER, ANTHONY				$1,000.00
	Invoice Number	**Description**	**Invoice Date**	**Amount**	
	INV-2026-001	FOOTBALL COACHING CLINIC	09/16/2026	$1,000.00	

AP Check Register

Accounts Payable Run: ASB09302026 **Run Type:** R - Regular

Payment Number	Payee	Net Payment Amount
21118	PENDER, ANTHONY	$1,000.00

Account	Amount
40 E 530 4009 00 0000 0040 0000 0000 0	$1,000.00

Regular Checks:	5	$3,085.64
Total:	**5**	**$3,085.64**

Fund Summary

Fund	Balance Sheet	Revenue	Expense	Total
40 - Associated Student Body Fund	$0.00	$0.00	$3,085.64	$3,085.64