

LAS POSITAS COMMUNITY COLLEGE DISBURSEMENT REQUEST

Please Check One Box

ASB

General/Restricted Fund

Make check payable to:

Vendor/W No. or SSN: _____

Vendor Name _____

Address _____

City, State, Zip _____

Date Received By Business Services

Please Check One Box

Invoice Attached

Receipts Attached

Scholarship

Donation

Advance (Not Available for District Clearing)

Organization / Club Name / Division

Description of Product or Event	Amount
Check Total	

Account Number to be Charged:	Amount								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Fund</th> <th style="width: 20%;">Organization</th> <th style="width: 20%;">Account</th> <th style="width: 40%;">Program Code</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Fund	Organization	Account	Program Code					
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Date Required: _____

Check Disposition: _____
(E.g., delivery, pick up, mailing instructions, etc.)

Return Copy of Disbursement to: _____

Authorized Club Officer (ASB Only) Date

Dean's Signature Date

Faculty/Club Advisor/Coordinator: Date

Vice President's Signature Date

Business Services Use Only	
Reviewed By: _____	Check Number: _____
Approved By: _____ <small>Vice President of Business Services</small>	Date: _____
Payment Method: _____	Document Number: _____

Please allow 10 days for processing. Advances need to be closed within 10 days of Event

Received _____ Copy for office _____ Entered in Budget Spreadsheet _____ Sent for signature _____ Sent to Business Office _____

R#

CLUB AUTHORIZATION TO SPEND FUNDS

Associated Students of Las Positas College (ASLPC)
Inter-Club Council (ICC)

<hr style="border: 0; border-top: 1px solid black;"/> Club Name <hr style="border: 0; border-top: 1px solid black;"/>
<hr style="border: 0; border-top: 1px solid black;"/> Date <hr style="border: 0; border-top: 1px solid black;"/>

Motion: _____ (member's name)
moves to APPROVE _____
up to \$ _____ ***OR*** exactly _____
for _____
(Describe the expense.)

Seconded by: _____ (member's name)

Roll Call (when involving \$600 or more):

Yes/No/Abstain (use back of form as needed)

- | | |
|----------------------------|-----------------------------|
| 1. _____ (Y/N/A)
(Name) | 10. _____ (Y/N/A)
(Name) |
| 2. _____ (Y/N/A)
(Name) | 11. _____ (Y/N/A)
(Name) |
| 3. _____ (Y/N/A)
(Name) | 12. _____ (Y/N/A)
(Name) |
| 4. _____ (Y/N/A)
(Name) | 13. _____ (Y/N/A)
(Name) |
| 5. _____ (Y/N/A)
(Name) | 14. _____ (Y/N/A)
(Name) |
| 6. _____ (Y/N/A)
(Name) | 15. _____ (Y/N/A)
(Name) |
| 7. _____ (Y/N/A)
(Name) | 16. _____ (Y/N/A)
(Name) |
| 8. _____ (Y/N/A)
(Name) | 17. _____ (Y/N/A)
(Name) |
| 9. _____ (Y/N/A)
(Name) | 18. _____ (Y/N/A)
(Name) |

Decision on Motion: Passed / Failed (circle applicable motion)

- Supported by: _____ (number of supporting members)
- Opposed by: _____ (number of opposing members)
- Abstained by: _____ (number of abstaining members)

Advisor in Attendance: _____	Date: _____
<i>Signature</i>	

**THIS FORM WILL BE RETURNED TO YOU IF YOU SUBMIT IT WITHOUT AN
ASB REQUEST FOR DISBURSEMENT AND RECEIPTS**

