

# 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)*

<b>Organization / Club Name / Division</b>

Description of Product or Event	Amount
<b>Check Total</b>	

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: 20%;">Program Code</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <th style="width: 20%;">Fund</th> <th style="width: 20%;">Organization</th> <th style="width: 20%;">Account</th> <th style="width: 20%;">Program Code</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Fund	Organization	Account	Program Code					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:* \_\_\_\_\_

Scott Miner - Student Life Office #1643A

\_\_\_\_\_  
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#**