PO A COL

ASSOCIATED STUDENTS of CAÑADA COLLEGE

4200 Farm Hill Blvd., Redwood City, CA 94061 650-306-3364

REQUISITION

This form can be used to request a check OR get reimbursed. For reimbursement, ORIGINAL receipt(s) needed.

Who is the Check Being Written to? (If this is a department transfer, please include full department account number.)			For Office Use Only: Club/ASCC Account Charged To: Club/ASCC Meeting Date Money Was Approved: How Much Was Approved on Meeting Date?: Business Office Check #: Club ASCC Vending Commission				
					Name of Person Filling out Form: Today's Date: Club or Department Check is Related to:		
Would You Like Your Check Mailed to the Recipient?							
If yes, please write in the full address. If no, please write "N/A"							
Would you like to physically pick up your check in Building 9? If yes, please provide a phone number to call you at when the check is ready.							
) h ITEI	MS Description					7 ‡ -	TOTAL PRICE
				TOTAL			
I hereby	certify that to the best of my pers	sonal knowledge t	the articles requested here	on are necessary for use by ASC	C organizations.		
b Treasurer	DATE:	St	udent Life & Leaders	hip Manager	DATE:		
ıb Advisor	DATE:	0	o #\7		DATE:		
	······································	'		DATE:			
		http://www.can	nadacollege.edu/studen	quests and Requisitions at tlife/			
	Please all		dingrequest.php weeks for your check to	be processed.			