

ASSOCIATED STUDENTS OF RIVERSIDE COMMUNITY COLLEGE DISTRICT

BUDGET REQUISITION

Accounting Services Use	
P.O. #	
Ck. Date	
Ck. #	

Date: _____

(Name of Vendor)

(Address)

Account Number: 710 - 000 - 00000 - _____ - _____

QTY.	ITEM #	DESCRIPTION	UNIT PRICE	TOTAL

Please circle the appropriate disposition:

Mail purchase order

Transfer

Mail check

Pickup check at Cashier's Office

Tax _____

Shipping _____

TOTAL _____

Contact when check is ready:

Name: _____

Phone: _____

Email: _____

~ ~ ~ ~ ~ APPROVAL ~ ~ ~ ~ ~

Club Advisor/Organization Advisor Date

Associated Students Controller/Treasurer Date

Student Club Treasurer//Representative Date

Coordinator, Student Activities Date

Organization Representative Date

Dean, Student Services or
VP Student Services Date