

LOS ANGELES VALLEY COLLEGE

Complete Each Section

DISBURSEMENT REQUEST

Date:

Account Name:						Account Number:													
FUND:		ASO		DISTRICT MISCELLANEOUS		BOOKSTORE		SCHOLARSHIP											
		CHECK		PURCHASE ORDER		MAIL		HOLD											
PAYABLE TO:								Phone:											
ADDRESS:																			
Description of event. Provide as many details as possible (sign each original receipt and attach them to this document. Attach bank statement if paid with card only):								GL ITEM (food, supplies, etc.)		Sub Total									
																Grand Total			
Club Treasurer:				Club Advisor:				Elizabeth Negrete, ASU Advisor:											
Date signed:				Date signed:				Date signed:											
Funds Available			Approval			PO #			CK #										

Form Completed By:

Requestor Name _____

Requestor email: _____

Date: _____