



# West Los Angeles College

## Open a Club Account

Date: \_\_\_\_\_

To: Rasel Menendez  
*College Financial Administrator*

From:

Name of fund: \_\_\_\_\_

Source of income to be deposited:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of types of expense to be charged:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures required for expenditure approval:

\_\_\_\_\_  
Print club Advisor Name                      Signature                      Date

\_\_\_\_\_  
Club Treasurer                                      Signature                      Date

Return this form to the ASO office - A9

\_\_\_\_\_  
ASO Vice President Signature/Date

\_\_\_\_\_  
ASO Advisor Signature/Date

\_\_\_\_\_  
VPSS Signature/Date

\_\_\_\_\_  
WLAC President Signature/Date