Series Series

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.) Name of Person Filling out Form: Today's Date: Club or Department Check is Related to:			For Office Use Only: Club/ASCC Account Charged To: Club/ASCC Meeting Date Money Was Approved: How Much Was Approved on Meeting Date?:						
					Would You Like Your Check Mailed to the Recipient?				
					If yes, please write	in the full address. If no, pleas	e write "N/A"	Business Office Check #:	
					-	o physically pick up your	_	☐ Club ☐ ASCC	
If yes, please provid	de a phone number to call you	at when the check is ready.	☐ Vending Commission	1					
QUANTITY	ITEMS Description		UNIT PRICE	TOTAL PRICE					
-									
			TOTAL						
	ereby certify that to the best of my persor	al knowledge the articles requested hereon		ganizations.					
Treasurer DATE: Student Life & Leadership Manager									
		ASCC Treasurer							
	Vice President of Studer	nt Services	DATE:						
	Please review all policies a http://www	nd procedures regarding Funding Requ canadacollege.edu/studentlife/fundind y up to three weeks for your check to be	ests and Requisitions at grequest.php						