

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: _____