IMPERIAL VALLEY COLLEGE
CAMPUS CLUBS REQUISITION

Requested by_____ **Date**_____

Date Needed_____ **Accounts**_____

Payee or Vendor _____ **Request for Check** _____ **P.O.** _____

Address_____ **Instructions**_____

City/State_____ _____

Telephone_____ _____

Quant.	Description	Unit Price	Total

_____
Club Representative

_____
Club Advisor

_____
Dean of Student Affairs & Enrollment Services

_____
Vice President for Student Services

Subtotal_____ $ 0.00

Sales Tax_____

Handling_____

TOTAL_____ $ 0.00

OFFICE USE ONLY: I, the undersigned, am responsible for picking up this check and returning all applicable receipts and monies to the STUDENT AFFAIRS OFFICE within 48 hours of date of activity.

Name (PRINT)_____

Signature:_____

Date_____

INSTRUCTIONS

Make separate request for each vendor

P.O. #_____ **Date**_____

Ck.#_____ **Date**_____

FOR OFFICE USE ONLY

Account Code **Encumbrance**

_____ _____

_____ _____