

# ASSOCIATED STUDENTS OF RIVERSIDE COMMUNITY COLLEGE DISTRICT

## BUDGET REQUISITION

Accounting Services Use	
P.O. #	_____
Ck. Date	_____
Ck. #	_____

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

\_\_\_\_\_  
(Name of Vendor)

\_\_\_\_\_  
(Address)

Account Number: 710 - 000 - 00000 - \_\_\_\_\_ - \_\_\_\_\_

QTY.	ITEM #	DESCRIPTION	UNIT PRICE	TOTAL

*Please circle the appropriate disposition:*

**Mail purchase order**

**Transfer**

**Mail check**

**Pickup check at Cashier's Office**

Tax \_\_\_\_\_

Shipping \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Contact when check is ready:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

~ ~ ~ ~ ~ APPROVAL ~ ~ ~ ~ ~

\_\_\_\_\_  
Club Advisor/Organization Advisor                      Date

\_\_\_\_\_  
Associated Students Controller/Treasurer                      Date

\_\_\_\_\_  
Student Club Treasurer//Representative                      Date

\_\_\_\_\_  
Coordinator, Student Activities                      Date

\_\_\_\_\_  
Organization Representative                      Date

\_\_\_\_\_  
Dean, Student Services or  
VP Student Services                      Date