

ASSOCIATED STUDENT ORGANIZATION
ANTELOPE VALLEY COLLEGE
 3041 WEST AVENUE K
 LANCASTER CA 93536
 661.722.6300 ext. 6354

CHECK DISBURSEMENT REQUEST

DATE: _____ CHECK IS TO BE: <input type="checkbox"/> MAILED <input type="checkbox"/> PICKED UP BY: _____ ACCT NAME: _____ PO #: _____	PAYABLE TO: _____ ATTENTION: _____ ADDRESS: _____ CITY, STATE: _____ ZIP: _____ PHONE #: _____ EMAIL: _____ @avc.edu
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PLEASE TYPE OR PRINT CLEARLY

QUANTITY	DESCRIPTION	AMOUNT	CHECK #
		Request Total:	

Receipts and meeting minutes must be attached. All receipts and any unused funds must be submitted immediately following the event.

NOTE: All requested signatures are required for payment three (3) working days prior to processing.

REQUESTED BY:

APPROVED BY:

Club Representative	Date
Advisor / Sponsor	Date
ICC Approved	Date
ASO Approved	Date

ASO Treasurer / President	Date
ASO Advisor	Date
AVC Vice President	Date
Verification of Available Funds	Date