

DE ANZA COLLEGE STUDENT ACCOUNTS

REQUISITION

NO. _____

Pay to: (408) 864-8442

Name _____

Address _____

City & State _____ Zip _____

Requisition Date _____

DASB Account Name or Club Name _____

Fund #	DASB or Club Account #	Object Code
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General Ledger Acct.# (Fund 44 Office use only)
51110 (44)

Requested By: _____

Telephone #: _____

Email: _____

Check one <input type="checkbox"/> Interoffice Faculty/Staff only <input type="checkbox"/> Pick Up, Provide Phone#/Email: _____ <input type="checkbox"/> Please Mail	Check all that apply <input type="checkbox"/> Reimbursement of Expenses <input type="checkbox"/> Receipts/Invoice Attached <input type="checkbox"/> Advance-Travel / Purchase <input type="checkbox"/> Receipts to Follow <input type="checkbox"/> Transfer of Funds
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QUANTITY	DESCRIPTION OF EXPENSES (Include date, # of people for events)	UNIT PRICE	TOTAL PRICE

Office Notes	Check #	Date	TOTAL
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AUTHORIZED SIGNATURES (For all requisitions from DASB/ICC/Club funded accounts, the budgeter and administrator responsible for the program of the account shall sign designating this is an appropriate expenditure of DASB funds and in the best interest of the student body, the DASB Chair of Finance shall sign designating funds are available and have been approved by the Senate for such an expenditure, the Director of College Life or designee and/or College Life Activities Specialist do not approve expenditures but rather sign designating all code, bylaws and Senate/ICC procedures have been completed, and the Director, College Fiscal Services shall sign representing administrative staff):

Advisor/Budgeter	Date	Club Officer(President, VP or Treasurer)	Date	ICC Chair/Chair of Finance/Chair of Programs	Date
Administrator Responsible for the Program	Date	College Life Activities Specialist	Date	Director of College Life	Date
DASB Chair of Finance	Date	Director, College Fiscal Services	Date		