

ASSOCIATED STUDENT ORGANIZATION
 ANTELOPE VALLEY COLLEGE
 3041 WEST AVENUE K
 LANCASTER, CA 93536
 661-722-6354

CHECK DISBURSEMENT REQUEST

CHECK IS TO BE:

PICKED UP _____
 MAILED _____

DATE _____

ACCOUNT NAME _____

PO# _____

PAYABLE TO _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

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 working days prior to processing.

REQUESTED BY: _____
 Club Representative

APPROVED BY: _____
 ASO Treasurer/President

 Advisor/Sponsor

 ASO Advisor

 AVC Vice President