

ANTELOPE VALLEY COMMUNITY COLLEGE DISTRICT
AUXILIARY SERVICES REQUISITION

Auxiliary Fund Name: _____ Date: _____

Contact Name & Ext.: _____ Date Needed: _____

Who will place order: _____ Purchasing Dept. _____ Requestor

Required - Please attach original itemized invoice/receipt - Refunds must include proof of payment.		Amount
Vendor (Your name for reimbursements; include full address if to be mailed):	Subtotal	
	Total	

APPROVALS:

Fund Manager: _____ **Date:** _____

Dean and/or Director: _____ **Date:** _____

VP/Executive Director: _____ **Date:** _____
(Signature over \$1,000)

BSA Exc. Director/CBO: _____ **Date:** _____
(Signature over \$5,000)

Superintendent/President: _____ **Date:** _____
(Signature over \$25,000)

DISTRIBUTION OPTIONS:

Campus Mail

Requestor will pick up from Auxiliary Services

Send to Vendor (Please include vendor address above)

TO BE COMPLETED BY AUXILIARY SERVICES

Budget / Date: _____

Approval: _____

Check Date: _____

Check Number: _____