

ANTELOPE VALLEY COMMUNITY COLLEGE DISTRICT

AUXILIARY SERVICES REQUISITION

Auxiliary Account: _____ Date: _____

Contact Name & Ext.: _____ Date Needed: _____

Who will place order: _____ Purchasing Dept. _____ Requestor

Description - Please attach original invoice and/or receipts		Amount
Vendor (Your name for reimbursements; include full address if to be mailed):	Subtotal	
	9.0% Sales Tax	
	Shipping	
	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 Business Services Area Send to Vendor (Please include vendor address above)

TO BE COMPLETED BY BUSINESS SERVICES

Budget: _____
 Approval: _____
 Check Date: _____
 Check Number: _____