ASSOCIATED STUDENTS OF RIVERSIDE COMMUNITY COLLEGE

REQUISITION

AUXILIARY BUSINESS SERVICES USE	
P.O. #	
CK. DATE	
CK. #	

Date _____

_____
(Name of Vendor)

_____
(Address)

Charge To: _____
(Account # and/or Account Name)

QTY.	ITEM #	DESCRIPTION	UNIT PRICE	TOTAL
			TAX	
			SHIPPING	

Check proper space:

TOTAL $_____

_____ MAIL PURCHASE ORDER _____ TRANSFER

_____ MAIL CHECK _____ PICK UP CHECK AT CASHIER'S OFFICE

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_____
Club Advisor/Organization Advisor

_____
ASRCC Treasurer

_____
Student Club Treasurer/Representative

_____
Coordinator, Student Activities

_____
Organization Representative

_____
Dean, Student Services

Purchase orders or disbursements will be available **2 WORKING DAYS** after submission of an **APPROVED** requisition.

WHITE - Auxiliary Business Services • PINK - Requisitioner Retain

117349, 3/01