

ANTELOPE VALLEY COMMUNITY COLLEGE DISTRICT
AUXILIARY SERVICES REQUISITION

PO #: AUX

Auxiliary Fund Name: _____ Date: _____

Contact Name & Ext.: _____ Date Needed: _____

Who will place order: _____ Purchasing Dept. _____ Requestor

When placing the order with the vendor, you MUST request that the above PO # and Requestor name be provided on the packing list.

Description of Expense-See Policy & Procedures on the Fiscal Services Web Page for required documents.	Amount
Vendor (Your name for reimbursements; include full address if to be mailed):	Subtotal
	Total

APPROVALS VIA ADOBE SIGN:
cc dkoss1@avc.edu on all requests; cc warehouse@avc.edu if tangible items are being received; cc purchasing@avc.edu if Purchasing will be placing order)

Fund Manager: _____ **Date:** _____

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

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

Department VP: _____ **Date:** _____
(Signature over \$1,000)

VP Admin. Services/CBO: _____ **Date:** _____
(Signature over \$5,000)

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

PAYMENT DISTRIBUTION OPTIONS:

- Campus Mail
 Requestor will pick up from Cashier's Office
 Send to Vendor (Please include vendor address above)

TO BE COMPLETED BY CASHIERS SERVICES

Budget / Date: \$ _____ / /

Approval: _____

Check Date: _____

Check Number: _____