



San Joaquin Delta College
ASSOCIATED STUDENTS REQUEST FOR PAYMENT

Please allow 14-21 business days for processing

PAYEE INFORMATION

Name _____

Address _____

City _____

State _____ Zip _____

Open/Yearly PO # (if applicable) : _____

SPECIAL HANDLING INSTRUCTIONS

Hold at Cashiers Office

Unless specified all checks will be mailed to the above address

ACCOUNT INFORMATION

Today's Date _____

Requested By _____

Club/Organization _____

Club's Account # _____

Advisor Signature _____

Attach all supporting documents (i.e., original receipts/invoice, minutes, contract, W9, etc.). Failure to submit the required documents will result in a delay in payment.

EXPENSE DESCRIPTION	OBJECT CODE	AMOUNT
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TOTAL

SIGNATURES REQUIRED FOR APPROVAL

DEAN - ENROLLMENT/STUDENT DEV.

DIRECTOR OF STUDENT ACTIVITIES

CLUB OFFICER

If you have questions or need help completing this form, contact the Office of Student Activities at 954-5100.

FOR OFFICE USE ONLY

Requisition #
Purchase Order #