



Associated Students of Cuesta College
CLUB EXPENSE REQUISITION

Date _____ Requestor _____

Requestor phone # _____

Club Account # _____

Club Account Name _____

Payee Name _____

Payee Address _____

DESCRIPTION <i>Include invoice and PO #, if applicable</i>	QUANTITY	COST PER UNIT	(ESTIMATED) TOTAL COST
Subtotal			
Tax			
Shipping			
TOTAL COST			

▀ Invoices, receipts and club minutes **must be attached to this requisition for final payment and submit to ASCC Fiscal Liaison, room 8031 or email all documents to athene_gatley@cuesta.edu.**

PLEASE PRINT AND SIGN YOUR NAME ON THE LINES BELOW.

Club Treasurer Name _____

Club Treasurer Signature _____

Advisor Name _____

Advisor Signature _____

Requestor Signature _____

Director of Fiscal Services _____	Date _____
Beginning account balance \$ _____	Ending account balance \$ _____
Less amount of this requisition \$ _____	