## Rancho Santiago College District STUDENT BUSINESS OFFICE

| SANTA ANA COLLEGE        |   |                                       |                                       |                | SANTIAGO      | CANYON COLLEGE |
|--------------------------|---|---------------------------------------|---------------------------------------|----------------|---------------|----------------|
| FUND:                    | Date Regu   | iested:                               |                                       |                |               |                |
| Associated Students      | Date Requ   |                                       | · · · · · · · · · · · · · · · · · · · |                |               |                |
| Bookstore                | Account N   | lame:                                 |                                       |                |               |                |
| Community Education      | Account #   |                                       |                                       |                |               |                |
| Diversified Agency       | Account #   | :                                     |                                       |                |               |                |
| Diversified Trust        | P.O.#:  |                                       |                                       | Check #:       |               |                |
| Check Requested By:      |   |                                       | /                                     |                | /             |                |
|                          |   |                                       |                                       | Department     |               | Phone/Ext.#    |
| Payee:                   |   |                                       |                                       |                |               |                |
| Address:                 |   | · · · · · · · · · · · · · · · · · · · | <del> </del>                          | <del> </del>   |               |                |
| SERVICE FEES (official   | lahor quest perfo   | ormers etc)                           |                                       |                |               |                |
|                          |   |                                       | 1                                     |                | £ +  D:-+     | :-12           |
| Datatel ID# / SSN# / Tax |   |                                       |                                       | ee an employee | e of the Dist | trict? Yes No  |
| QUANTITY                 | DESCRIPTION OF ARTICLES OR SERVICES (Who, What, When, Where and Why?) |                                       |                                       |                |               | AMOUNT         |
|                          | · ·   | , , ,                                 |                                       | 1-7            |               |                |
|                          |   |                                       |                                       |                |               |                |
|                          |   |                                       |                                       |                |               |                |
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|                          |   |                                       |                                       |                |               |                |
|                          |   |                                       |                                       |                | TOTAL \$      |                |
| *** Chec                 | ck turnaround is 7-   | -10 business dav                      | ys from the                           | e date SBO re  | ceives requ   | uest ***       |
|                          | re to attach Origina  |                                       |                                       |                |               |                |
| *** Pleas                | se attach a W9 if ve  | ndor is not in D                      | atatel or w                           | e will be una  | ble to proc   | cess ***       |
| Please check one:        |   | Approval:                             |                                       |                |               |                |
| Mail check to Payee      |   | Daguagtaw                             |                                       |                |               |                |
| Send check to Requestor  |   | Requestor:                            |                                       |                |               |                |
| Will pick up check       |   |                                       |                                       |                |               |                |
| Other                    | -   | Dean/Director:                        |                                       |                |               |                |
| FOR ASSOCIATED           | STUDENT USE ONLY:   |                                       |                                       |                |               |                |
|                          | Activities Coordinator: _   |                                       |                                       |                |               |                |
|                          |   |                                       |                                       |                |               |                |
|                          | ASG/Club President: _   |                                       |                                       |                |               |                |

SBO ORIGINAL REV-CKPO-1

## Rancho Santiago College District STUDENT BUSINESS OFFICE

| SANTA ANA COLLEGE               | E                        | SANTI   | AGO CANYON COLLEGE |  |  |
|---------------------------------|--------------------------|---|--------------------|--|--|
| FUND:                           | Date Regu                | uested:   |                    |  |  |
|                                 | Date Nequ                | iested:   |                    |  |  |
| Associated Students Bookstore   | Account N                | lame:   |                    |  |  |
| Community Education             |                          |   |                    |  |  |
| Diversified Agency              | Account #                | f:  |                    |  |  |
| Diversified Agency              |                          |   |                    |  |  |
| Diversined trust                | P.O.#: _                 | Check #:  |                    |  |  |
| Check Requested                 | By:                      | Name Department   | Phone/Ext.#        |  |  |
|                                 |                          |   |                    |  |  |
|                                 |                          |   |                    |  |  |
|                                 |                          |   |                    |  |  |
| SERVICE FEES (offi              | cial, labor, guest perfo | ormers, etc.)   |                    |  |  |
| Datatel ID# / SSN# /            | / Tax ID#                | Is payee an employee of the                                       | District? Yes No   |  |  |
| QUANTITY DESC                   |                          | RIPTION OF ARTICLES OR SERVICES (Who, What, When, Where and Why?) | AMOUNT             |  |  |
|                                 |                          | mio, mai, men, mere and mi,                                       |                    |  |  |
|                                 |                          |   |                    |  |  |
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|                                 |                          | TOTA  | L \$               |  |  |
| *** C                           | heck turnaround is 7-    | -10 business days from the date SBO receives                      | request ***        |  |  |
| *** Be                          | sure to attach Origina   | al Receipts, Invoices, Event Flyers, and Require                  | d Forms ***        |  |  |
| *** P                           | lease attach a W9 if ve  | endor is not in Datatel or we will be unable to p                 | process ***        |  |  |
| Please check one:               |                          | Approval:   |                    |  |  |
| Mail check to Payee             |                          |   |                    |  |  |
| Send check to Requestor         |                          | Requestor:  |                    |  |  |
| Will pick up check              |                          |   |                    |  |  |
| Other                           |                          | Dean/Director:  |                    |  |  |
|                                 |                          |   |                    |  |  |
|                                 | TED STUDENT USE ONLY:    | <del></del>   |                    |  |  |
| Student Activities Coordinator: |                          |   |                    |  |  |
| Club Advisor:                   |                          |   |                    |  |  |
|                                 | ASG/Club President:      |   |                    |  |  |

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|---------------------------------|--------------------------|---|-----------------------|--|--|
| FUND:                           | Date Regu                | uested:   |                       |  |  |
|                                 | Date Nequ                | iested:   |                       |  |  |
| Associated Students Bookstore   | Account N                | lame:   |                       |  |  |
| Community Education             |                          |   |                       |  |  |
| Diversified Agency              | Account #                | <u> </u>  |                       |  |  |
| Diversified Trust               |                          |   |                       |  |  |
| Diversined Trust                | P.O.#: _                 | Check #:  |                       |  |  |
| Check Requested                 | Ву:                      | Hame Department   | Phone / Ext.#         |  |  |
|                                 |                          |   |                       |  |  |
|                                 |                          |   |                       |  |  |
|                                 |                          |   |                       |  |  |
| SERVICE FEES (office            | cial, labor, guest perfo | ormers, etc.)   |                       |  |  |
| Datatel ID# / SSN# /            | / Tax ID#                | Is payee an employee of th  | ne District? Yes No   |  |  |
| QUANTITY DESC                   |                          | RIPTION OF ARTICLES OR SERVICES (Who, What, When, Where and Why?) | AMOUNT                |  |  |
|                                 |                          | wild, wildt, wilett, wilete and wily:                             |                       |  |  |
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|                                 |                          | 101   | ΓAL \$                |  |  |
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| Will pick up check              |                          |   |                       |  |  |
| Other                           |                          | Dean/Director:  |                       |  |  |
|                                 |                          | -   |                       |  |  |
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| Club Advisor:                   |                          |   |                       |  |  |
|                                 | ASG/Club President:      |   |                       |  |  |