Check #	
Date	

Rancho Santiago Community College District

REQUEST FOR DIVERSIFIED FUNDS

SANTA ANA C	COLLEGE								SANTIAGO CANYON	COLLEGE
DATE		DATE NEEDED	AC	COUN	T NAME /	NUMBER				
EXPENSES RECO	RDED HEREC	ON WILL BE INCUF	RRED WHIL	E IN A	TTENDANG	CE AT TH	IE FOLLOWIN	G ACTIVITY:		
							, held in th	ne city of		
on the inclusive	dates of						OP	PPONENT		
DELIVER CHECK	TO:									
MAKE CHECK PAYABLE TO: PHONE NUMB							JMBER	ER		
ADDRESS						CITY			STATE	ZIP CODE
			ľ	TEMI	ZED EXI	PENISE	S BELOW			
TRANSP	ORTATION	— Air, Bus, Rail,					x .51)			
110 (113)	OKI7KIION	— /III, bus, Ruii,	Automob	iic (mile					
	ENTRY FEE					_				
	LODGING	x		_ x		_				
		rooms	rate		days	_	5 16 .			
	MEALS	persons	days	_ ×	\$4.00		Breakfast_		-	
		х		×	\$5.00		Lunch		_	
		persons	days				<u>-</u>		•	
		X persons	days	_ ×	\$7.00		Dinner_		-	
							TOT	AL MEALS		
SERVICE I	FEES – (Offi	cial, Labor, Gue	est Perfoi	rmers	, Scouting	g, etc.)				
									-	
									_	
									•	
_							 TOT	AL SERVICE F	· FF	
							101	AL SERVICE I		
				LIS	T SUPP	LIES BI	LOW			
QUANTITY	UNIT		Desci	ription	(use catal	oa #. siz	e, color, etc.)	Estimated	Total
	-							,	Unit Cost	Cost
								TOTAL SUPPL	ES	
REQUESTED BY:										
								TAX		
APPROVED BY:								SHIPPING		
								TOTAL REQUE	ST -	
								(lines A-H)		