

Check # \_\_\_\_\_  
Date \_\_\_\_\_

**Rancho Santiago Community College District  
REQUEST FOR DIVERSIFIED FUNDS**

SANTA ANA COLLEGE  SANTIAGO CANYON COLLEGE

DATE	DATE NEEDED	ACCOUNT NAME / NUMBER			
EXPENSES RECORDED HEREON WILL BE INCURRED WHILE IN ATTENDANCE AT THE FOLLOWING ACTIVITY: _____, held in the city of _____					
on the inclusive dates of _____ OPPONENT _____					
DELIVER CHECK TO:					
MAKE CHECK PAYABLE TO:				PHONE NUMBER	
ADDRESS			CITY	STATE	ZIP CODE

**ITEMIZED EXPENSES BELOW**

TRANSPORTATION — Air, Bus, Rail, Automobile ( _____ x .555)	_____ A
_____ miles	
ENTRY FEE — _____	_____ B
LODGING — _____ X _____ X _____	_____ C
rooms      rate      days	
MEALS — _____ X _____ X \$4.00      Breakfast _____	
persons      days	
_____ X _____ X \$5.00      Lunch _____	
persons      days	
_____ X _____ X \$7.00      Dinner _____	
persons      days	
TOTAL MEALS.....	_____ D
SERVICE FEES – (Official, Labor, Guest Performers, Scouting, etc.)	
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL SERVICE FEE	_____ E

**LIST SUPPLIES BELOW**

QUANTITY	UNIT	Description (use catalog #, size, color, etc.)	Estimated Unit Cost	Total Cost
REQUESTED BY: _____			TOTAL SUPPLIES	_____ F
APPROVED BY: _____			TAX	_____ G
			SHIPPING	_____ H
			TOTAL REQUEST (lines A-H)	_____



