SANTA ANA COLLEGE

STUDENT BUSINESS OFFICE

714-564-6430

FUND: ☐ Associated Students   ☐ Bookstore   ☐ Community Education   ☐ Diversified Agency   ☐ Diversified Trust

Date Requested:_____

Account Name:_____ Account #:_____

Check Requested By:_____ / _____ / _____
                                                              Name   Department   Phone/Ext.#

Payee: _____ PO#: _____ Check#:_____

Address:_____

Datatel ID# / SSN# / Tax ID# :_____ Is payee an employee of the District? ☐ Yes   ☐ No

DESCRIPTION OF EVENT, ARTICLES OR SERVICES
WHO:_____
WHAT:_____
WHEN:_____
WHERE:_____
WHY:_____

DATE OF PURCHASE	DESCRIPTION OF INVENTORY / PURCHASES	AMOUNT
	TOTAL $	

Please check one:

☐ Mail check to Payee

☐ Send check to Requestor

☐ Will pick up check

☐ Other _____

Approval:
Requestor:
   Signature: _____ Date: _____

   Print Name: _____

Dean/Director:
   Signature: _____ Date: _____

   Print Name: _____

FOR ASSOCIATED STUDENT USE ONLY:	FOR STUDENT BUSINESS OFFICE USE ONLY:
Student Activities Coordinator:_____	Processes By:_____
Club Advisor:_____	Senior Acct Rev:_____
ASG/Club President:_____	Director of Aux Rev:_____

*** Check turnaround is 7-10 business days from the date SBO receives request ***

*** Be sure to attach Original Receipts, Invoices, Event Flyers, and Required Forms ***

*** Please attach a W9 if vendor is not in Datatel or we will be unable to process ***

SBO-CRF092018