



1842 w. 108th Street, Los Angeles, CA 90047

REQUISITION FORM

DATE : _____

REQUESTOR: _____

AUXILIARY/DEPT: _____

* AMT NEEDED: _____ DATE NEEDED: _____

* FUNDS NEEDED FOR:

Is this request an *Advance, Dedicated Funds or a Budgeted item*? Yes No

Dept/Auxiliary Chairperson(s): _____

CHAIRPERSON SIGNATURE: _____

PLEASE INCLUDE AN ITEMIZATION OF EXPENDITURES FOR REQUESTS OVER \$500:

Please make check payable:

Name/Company: _____

Mailing Address: _____

Day Time Phone: _____

IMPORTANT DEADLINES:

This request should be submitted TWO(2) WEEKS **PRIOR** to the date needed. ALL FUNDS must be accounted for, therefore, please complete the *Disbursement Expense* Form and tape all of the

TRUSTEE APPROVAL

FINANCE COMMITTEE: _____

Date Approved: _____

FULL BOARD APPROVAL: _____

Date Fully Approved: _____