

Payment Request:

Fund 71 - ASOC
 Fund 79 - Co-Curricular
 Fund 81 - Clubs

ASSOCIATED STUDENTS OF OHLONE COLLEGE
 43600 Mission Boulevard
 Fremont, CA 94539
<http://www.ohlone.edu/org/asoc>
 (510) 659-6255

Date: _____

PAYMENT TO: _____

SEND TO: _____

STUDENT ID#: _____

INSTRUCTIONS TO ORIGINATOR: Complete form, attach appropriate documentation (original itemized receipts, invoice, reimbursement for club sponsored events form, flyer from event, etc.), and have one or more account trustee's signature (see the SIGNATURES section below). Submit this form to the ASOC mailbox in the mailroom or deliver to the ASOC Treasurer's mailbox in Building 7, 2nd Floor, Room 7210. The ASOC Treasurer will forward the Payment Request to the Director of Campus Activities and Vice President of Student Services (Fund 71 and 81) who will then forward it to Accounts Payable. For Fund 79 accounts this form can be directly forwarded to the Budget Manager and then to the Vice President of Academic Affairs who will forward it to Accounts Payable.

PURCHASING: Anyone buying or contracting for merchandise or services without first obtaining a valid purchase order or contract through the Purchasing Department will be personally responsible for the incurred bill. For more information please contact the Purchasing Department, 510-659-6127 or Purchasing@ohlone.edu.

SIGNATURES: For all accounts, Fund 71, 79 and 81, you must obtain signatures from the following people as designated in the Trust Account Form: Account Trustee #1 (Club President or Treasurer for Fund 81, ASOC President or Vice President for Fund 71), Account Trustee #2 (Club Advisor for Fund 81, ASOC President or Vice President for Fund 71), ASOC Treasurer (all accounts), Director of Campus Activities (Fund 71 and 81) or the Budget Manager (Fund 79), Vice President of Student Services (Fund 71 and 81) or the Vice President of Academic Affairs (Fund 79). For Fund 79 please complete Account Trustee #1 and Budget Manager signatures and for Fund 71 and 81 please complete Account Trustee #1 and Account Trustee #2 signatures before submitting to the ASOC Treasurer.

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT
ACCOUNT TITLE		ACCOUNT NUMBER		
		Shipping/Handling _____		
		Sales Tax _____		
		TOTAL _____		

GROUP AUTHORIZATION: (Complete this section if warranted). This expenditure was authorized by a vote of the _____ club/group on _____ or ASOC Council MR- _____ (date)

INSTRUCTIONS FOR DISTRIBUTION OF CHECK:

- () Mail to "Send To" address above
 () Hold at the Business Office
 () Send to Campus Activities Office
 () Other _____

ALL SIGNATURES MUST BE COMPLETED BEFORE THIS FORM CAN BE SUBMITTED TO ACCOUNTS PAYABLE.

X _____
 Account Trustee #1 / Club President or Treasurer Date

X _____
 Director, Campus Activities or Budget Manager Date

X _____
 Account Trustee #2 / Club Advisor Date

X _____
 VP, Student Services or VP, Academic Affairs Date

X _____
 ASOC Treasurer Date

Originator's Information:

Name: _____
 E-mail: _____

Recorded in Campus Activities On:	CHECK DATE	CHECK NUMBER	VOUCHER NO.	BUSINESS OFFICE INITIALS
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COPY LEGEND:

WHITE-Business Office

CANARY-ASOC Treasurer