

Associated Students of Cuesta College

ASCC Expense Requisition

Date _____

Requestor _____

Requestor phone # _____

ASCC FOAPAL _____

Payee Name _____

Payee Address _____



Description (e.g., meals, lodging, membership, etc.) Include invoice and PO #, if applicable	Cost per line item
Total	

*Invoices, receipts, and senate minutes **must be attached to this requisition for final payment.***

PLEASE SIGN ON THE LINES BELOW.

Requestor SIGNATURE

ASCC President / Student Trustee SIGNATURE

Authorizing Signature

Director of Student Engagement

To be completed by the ASCC Financial Liaison

Director of Fiscal Services _____ Date _____

Beginning account balance \$ _____ Ending account balance \$ _____

Less amount of this requisition \$ _____