

Expenditure Request Form

- Please attach meeting minutes that include a vote and dollar amount with ALL requests!
- Attach a signed Petty Cash Voucher if \$100 or less. (Not for pre-pays, services or deposits)
- Provide an itemized quote sheet from the vendor. (Not for Petty Cash)
- Some expenditures may require a certificate of commercial liability insurance from the vendor

Requestor: _____ Phone: _____ Date of Request: _____

Organization: _____ Advisor: _____ Phone: _____

Amount Requested: _____ What are funds for?: _____

Club Account: _____ Need by date: _____ (allow 3 weeks to process)

Does this request need to be PRE-PAID? yes no Do you have a quote sheet? yes no

Indicate if funds are for: goods services* check advance travel** registration/dues

**Expenses for hiring and professional services may require additional forms such as: Special Services Contract and/or Certificate of Liability Insurance. **Please schedule an appointment with the Coord., Student Life & Leadership, 623.845.4474 if you need assistance in completing forms, have questions or if the requested funds are for travel purposes.*

Official Functions – Support Information

Expenses covered by this form are those for activities or items that do not appear to be, without the explanation, ordinary and necessary expenses of MCCCDC as a public institution such as food or decorations. Expenditures for alcoholic beverages are prohibited by policy.

Copies of the MCCCDC Administrative Regulation and Guidelines are available online:

http://www.dist.maricopa.edu/gvpolicy/adminregs/fiscal/1_16.htm.

Describe the direct link of the activity or item to MCCCDC's educational mission AND the tangible and specific benefits of the activity or item to MCCCDC and its educational mission (with attachments if necessary). As part of the analysis of benefits, please describe how the activity or item is of equal or greater benefit to MCCCDC than the expense:

Date(s), time(s), and location of event/activity: _____

Describe the event/activity: _____

Who will attend?: _____ Anticipated Attendance: _____

Vendor Information

Please Note: All vendors must be registered within the District's Financial System (CFS). Those not already in the system will take an additional 1-2 weeks to process.

Business or vendor name: _____ Contact name: _____

(In whose name should the check be made out to or who will receive these funds)

Phone #: _____ Fax: _____ Notes: _____

Required Signatures:

Student Organization Officer: _____ Date: _____

Advisor: _____ Date: _____

Coord., Student Life & Leadership: _____ Date: _____

Business Services Manager: _____ Date: _____

R: _____ PO: _____ Rcvd: _____ Invoiced: _____ Check#: _____ Amt: _____

Petty Cash Voucher Number: _____