



Request for Payment - **ADVANCE** ASNVC & Club Trust Accounts

Req. # _____

Complete and return to the ASNVC Office, Bldg. 1300, Rm. 1342 for approval/signature of Manager of Student Life. **Deadline: At least 14 business days before check is needed.**
Questions? Contact Manager of Student Life at (707) 256-7340.

Please Note: **All Advance checks are made out to the Advisor.**

Advisor Name: _____ Employee I.D.: _____

Amount: \$ _____ Today's Date: _____

Reason for Advance: _____

REQUIRED: Please attach any invoices, quotes, or estimates.

***Agreement:** I will be responsible for accounting for all expenses and returning unused funds and itemized original receipts to the business office.

Student Name: _____ **Student initials:** _____ **Phone:** _____ **Date:** _____

Advisor initials: _____ **Phone:** _____ **Date:** _____

Who will pick up check: Contact person _____ Phone: _____

Budget Codes-Fill in appropriate codes.

FUND	ACTIVITY	PROGRAM	OBJ OF EXP	BC/LOC	AMOUNT
ASB-71	000000	0000	_____ (ASNVC line item)	5500	
Clubs-79	000000	0000	_____ (Club Account Number)	0000	

Club Signatures (Print and Sign)

Club Name: _____ Club President: _____

Club Treasurer: _____ Club Advisor: _____

Meeting date funds were approved: _____ (If amount is over \$200 please attach minutes)

ASNVC Signatures (Print and Sign)*Only For ASNVC Requests

Mtg. Approved Date: _____ ASNVC President: _____

ASNVC Advisor: _____ ASNVC CFO: _____

Budget Code Number: _____

Office of Student Life use only

Manager of Student Life: _____ DATE: _____

Senior Dean of Student Affairs: _____ DATE: _____

(Only required for amounts of \$300.00 and over)