



# REQUEST FOR DISBURSEMENT

Chabot College

25555 Hesperian Blvd, Hayward, CA 94545



\*\*\*THIS FORM MUST BE TYPED\*\*\*

<b>S.S.C.C Disbursement</b>		<b>I.C.C Disbursement</b>		<b>Club/Organization Disbursement</b>	
<b>DATE SUBMITTED</b>	<b>CHECK AMOUNT</b>	<b>RFC #</b>	<b>NAME OF REQUESTOR:</b>		
	\$				

### ACCOUNT INFORMATION FUNDS WILL BE DISBURSED FROM

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

### TO REQUEST TO HAVE YOUR DISBURSEMENT ISSUED VIA **CHECK**

**Payable to:**  
 Name: \_\_\_\_\_  
 W#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### TO **TRANSFER** DISBURSEMENT TO ANOTHER ACCOUNT

**Transfer to:**  
 Account Number: \_\_\_\_\_  
  
 Account Name: \_\_\_\_\_

**DELIVER PAPER CHECK VIA**  
 CAMPUS MAIL  
 USPS

### PURPOSE/JUSTIFICATION/EVENT INFORMATION

Please attach **all original receipts** or **invoices** to a **separate piece of paper**. Please use one line per receipt when completing the spaces below.

NAME & DATE OF EVENT	INVOICE # OR ITEM DESCRIPTION	AMOUNT

OVERALL TOTAL: \$

**Initiator, advisor and other authorized signatures required**

CLUB OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT LIFE OFFICE \_\_\_\_\_ DATE \_\_\_\_\_

CLUB ADVISOR \_\_\_\_\_ DATE \_\_\_\_\_

VICE PRESIDENT OF STUDENT SERVICES \_\_\_\_\_ DATE \_\_\_\_\_