

ANTELOPE VALLEY COMMUNITY COLLEGE DISTRICT  
AUXILIARY SERVICES REQUISITION

PO #: AUX

Auxiliary Fund Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name & Ext.: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Who will place order: \_\_\_\_\_ Purchasing Dept. \_\_\_\_\_ Requestor

**When placing the order with the vendor, you MUST request that the above PO # and Requestor name be provided on the packing list.**

Description of Expense-See Policy & Procedures on the Fiscal Services Web Page for required documents.	Amount
Vendor (Your name for reimbursements; include full address if to be mailed):	Subtotal
	<b>Total</b>

**APPROVALS VIA ADOBE SIGN:**

[cc auxiliary.requests@avc.edu](mailto:cc_auxiliary.requests@avc.edu) on all requests; [cc warehouse@avc.edu](mailto:cc_warehouse@avc.edu) if tangible items are being received; [cc purchasing@avc.edu](mailto:cc_purchasing@avc.edu) if Purchasing will be placing order)

**Fund Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean and/or Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Executive Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Signature over \$1,000)*

**Department VP:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Signature over \$1,000)*

**VP Admin. Services/CBO:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Signature over \$5,000)*

**Superintendent/President:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Signature over \$25,000)*

**PAYMENT DISTRIBUTION OPTIONS:**

Campus Mail     Requestor will pick up from Cashier's Office     Send to Vendor (Please include vendor address above)

**TO BE COMPLETED BY CASHIERS SERVICES**

Budget / Date:         \$ \_\_\_\_\_ / /

Approval: \_\_\_\_\_

Check Date: \_\_\_\_\_

Check Number: \_\_\_\_\_