

Expenditure Request Form

- Please attach meeting minutes that depict the dollar amount, vote and the full names of all who are present.
- Provide an itemized quote sheet from the vendor. (Dependent upon Expenditure Type)

Some expenditures may require a certificate of commercial liability insurance from the vendor

Please allow a minimum of 3 weeks to process non-event specific requests. Event requests require one full month of the need-by date. Overnight travel or travel that incurs spending funds requires at least one full month from the first date of travel to process.

Requestor: _____ Phone: _____ Email: _____
 Organization: _____ Advisor: _____ Date of Request: _____
 Amount Requested: _____ What are funds for?: _____
 Funded by?: ASG Club Account : _____

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

Quote sheet attached? yes no Minutes attached? yes no

**Expenses for hiring and professional services may require additional forms such as: Special Services Contract, General Assumption of Risk Form and Certificate of Liability Insurance. **Please schedule an appointment with the Student Leadership Center, 623.845.4499 or 623.845.4474 if you need assistance in completing forms, have questions or if the requested funds are for event or travel purposes.*

Official Functions – Event-specific Support Information

You must complete and submit a MCCCCD Official Function Form with this Request. Expenses covered by the Official Function Form are those for activities or items that do not appear to be, without the explanation, ordinary and necessary expenses of MCCCCD as a public institution such as food or decorations. Expenditures for alcoholic beverages are strictly prohibited by policy.

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

<https://chancellor.maricopa.edu/public-stewardship/governance/administrative-regulations/1-fiscal-management/1.16-official-functions>

Vendor Information

Please Note: All vendors must be registered within the District's Financial System (FMS). 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 #: _____ Website: _____ Fax: _____

Required Signatures:

Student Organization Officer: _____ Date: _____

Advisor: _____ Date: _____

Director, Student Life & Leadership: _____ Date: _____

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

Account #: _____

Travel Authorization#: _____ Cash Advance ID#: _____

Maricopa County Community College District (MCCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the college.

The Maricopa Community Colleges do not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, <http://www.maricopa.edu/non-discrimination>.