



IMPERIAL COMMUNITY COLLEGE DISTRICT

Lottery Funds Expense Request

Date:							
Department:							
Vendor Name:							W-9 <input type="checkbox"/> on file (Check one) <input type="checkbox"/> attached
Vendor ID:							
Item(s):							
Total Amount:							
Account # (FOAPAL):		Org		Acct		Prog	
Explanation / justification of request:							

Requestor Name	Date	Supervisor Approval Signature	Date

Dean Approval Signature	Date	Vice President Approval Signature	Date

Email completed form to Maria Lockas at maria.lockas@imperial.edu

Administrative Services Only			
Administrative Services Signature:		Fund:	Date:
Approved Account # (FOAPAL):			