IMPERIAL COMMUNITY COLLEGE DISTRICT

Lottery Funds Expense Request

Date:							
Department:							
Vendor Name:						W-9 (Check one)	☐ on file ☐ attached
Vendor ID:							
Item(s):							
Total Amount:							
Account # *(FOAP):*		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 the Director of Fiscal Services (stacey.browning@imperial.edu)

Business Office Use Only			
Business Office Signature:		Fund:	Date:
Approved Account # *(FOAP):*			