

# Chabot-Las Positas Community College District

## Disbursement Request

**Make Check Payable to:**

Vendor No.: \_\_\_\_\_ Date: \_\_\_\_\_  
 Vendor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

**Check Disposition – Please check one box:**

- Intercampus Mail to:     Chabot     LPC     DO     EDCE  
 Mail to above address via USPS  
 Direct Deposit  
 Special Request:

Description	Amount

<b>Account Number to be Charged:</b>						<b>Total</b>
FUND	ORG	ACCT	PROG	%	AMOUNT	

FUND      ORG      ACCT      PROG      %      AMOUNT

**Name of Requestor/Phone #                      Signature                      Date                      Email**

**Print Name of Supervisor                      Signature                      Date                      Email**

**Print Name of Approver                      Signature                      Date                      Email**

**OFFICE OF ADMINISTRATIVE SERVICES USE ONLY**

REVIEWED / ADMIN SERVICES                      VERIFIED / ADMIN SERVICE OFFICER                      APPROVED / VP, ADMIN SERVICES