Los Medanos College Associated Students (LMCAS) CHECK REQUEST

Please Check ONE:	Cash Advance (receipt to follow)
	Authorization for Payment (receipt must be attached)

Note: Club minutes authorizing expenditure MUST be attached to this form

ddress:			
ity:	Z	ip Code:	-
voice #	If payee is a student,	list ID #	
Delivery Optio	ons: Mail check to payee		
	Check will be picked up at the	e LMC Business Office	
	onby	(Name)	
L ACCOUNT T	O BE CHARGED: 71-92-301051-696	025-54300	
	72-92-302050-696	6021-55800	
	72-92-302050-696	5021-55800	
MCAS (Line Ite		5021-55800	
,	m #) Amount \$		
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urpose of Expend	m #) Amount \$		
urpose of Expend	m #) Amount \$	&	
urpose of Expend	m #) Amount \$	& (LMCAS Advisor)	Date
urpose of Expend	m #) Amount \$	&	Date
urpose of Expend	m #) Amount \$	&	Date
urpose of Expend	m #) Amount \$	_ & (LMCAS Advisor) _ & (Student Life Dean/Manager)	Date
urpose of Expend Authorized By Approved By	m #) Amount \$	_ & (LMCAS Advisor) _ & (Student Life Dean/Manager) USE ONLY	Date Date