

# ASPCC/CLUBS PAYMENT REQUEST FORM

**Rock Creek Clubs**  
 Building 3 Room 128  
 Portland, Or 97229  
 P: 971.722.7045  
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 E: clubs.rc@pcc.edu



**Request Type:**

- Reimbursement -Requests must be submitted with **ORIGINAL RECEIPTS** Attached.  
 \*If request over \$50.00, a check will be processed from Portland Community College and a [W9](#) will need to be attached to request.
- Purchasing Card Payment – See Summary of Expenses

**PLEASE PRINT LEGIBLY**

Name of student filing report: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of Club: \_\_\_\_\_ G #: \_\_\_\_\_

Purpose of Expense: \_\_\_\_\_ Number of Members Benefited from Expense: \_\_\_\_\_

**SUMMARY OF EXPENSES/PURCHASES (USE BACK OF FORM IF NECESSARY)**

NUMBER OF ITEMS NEEDED	ITEM DESCRIPTION	COST OF EACH ITEM	TOTAL
		\$	\$
		\$	\$
		\$	\$
<b>NET TOTAL EXPENSES:</b>			\$

**CLUB TOTAL BUDGET TO DATE**

Club Total Budget Before Request: \$ \_\_\_\_\_

LESS Net Total Expenses: \$ \_\_\_\_\_

**Total Club Balance After Request:** \$ \_\_\_\_\_

**PAYMENT REQUEST APPROVAL**

\_\_\_\_\_  
 CLUB COORDINATOR

\_\_\_\_\_  
 SECONDARY CLUB OFFICER SIGNATURE

\_\_\_\_\_  
 CLUB FACULTY/STAFF ADVISOR

\_\_\_\_\_  
 ASPCC STUDENT CLUB COORDINATOR

**STAFF USE ONLY**    **DATE PROCESSED:** \_\_\_\_\_    **VENDOR CODE:** \_\_\_\_\_

**Fundraising Account** Expense Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SAF Account** Expense Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Travel Authorization Reimbursement:** T \_\_\_\_\_

**Imprest Cash Voucher Number:** \_\_\_\_\_

**Banner FWAINVE Invoice Number:** \_\_\_\_\_

\_\_\_\_\_ *Date Processed in Banner*