



2020-2021 STANDARD CHECK REQUISITION

"Do not use for travel expenses"

Requested by: _____

Date: _____

Vendor Invoice #: _____

Event Date(s): _____

Event/Activity: _____

Contact Phone #: _____

Payee: _____

Email: _____

Payee's Complete Address: _____

Committee Chair Approval: _____

Treasurer's Approval: _____

COMMITTEES/EVENT (Type an "X" in box(s) that apply)

- Administration (ADM)
- Admissions Practice (AP)
- Annual Conference (CONF): Scholarship
- College Fairs (CF) - Location: _____
- Communications (COMM)
- Development (DEV)
- Diversity, Equity, & Access (DEA)
 - Grant (DEA) Conference (IDEA)
- Executive Board (EXB): Retreat NACAC #3 #4
 - LDI CONF

- Government Relations (GRAC)
 - California Nevada
- Inter-Association (IA):
- Membership (MEM)
- Nevada Issues (NI)
- Professional Development (PD)
 - Leadership Development Institute (LDI)
 - District Directions (DD) Scholarship
 - Share, Learn, & Connect (SLC)
- Location: _____
- Transfer Advocacy

ACCOUNT CODES

Below: Indicate Account Code(s) with dollar amount(s). Supporting receipts must be attached (scanned) with this form. When reimbursing a vendor, Committee Chair must make sure that Vendor's invoice # is listed in the space above.

Event Expenses

- 6050 – Professional Services
- 6210 – Scholarships: Bus Individual
- 6220 – Awards & Gifts
- 6310 – Advertising & Printing
- 6312 – Liability/Event Insurance
- 6315 – Dues, registration & subscriptions
- 6320 – Postage

- 6335 – Rentals (Facilities, Buses, & Equipment)
- 6336 – Food & Refreshments (for groups)
- 6340 – Supplies
- 6570 – Website Maintenance

Office Use Only

- 5010 – Refunds CF CONF PD MEM

6360 – Other/Miscellaneous: _____

Account Code	Amount	Account Code	Amount	
_____	\$ _____	_____	\$ _____	
_____	\$ _____	_____	\$ _____	AMOUNT REQUESTED
_____	\$ _____	_____	\$ _____	\$ _____

COMMENTS:

Board Members/Committee Members: Email completed forms with scanned invoices and receipts to the Committee/Event Chair for approval with a copy to wacadmin@wacac.org

Committee Chair: Email completed forms and receipts to wacadmin@wacac.org.

INCOMPLETE CHECK REQUEST WILL BE RETURNED TO SENDER & CHAIRPERSON