



Standard Check Requisition

*** **Committee Chair Approval:** _____

(Please approve and forward all forms to the Treasurer)

*** **Treasurer's Approval:** _____

Requested by: _____

Date: _____

See attached invoice

Date(s) of Event: _____

Payee: _____

Contact Phone #: _____

Address: _____

Amount Requested: \$ _____

Committees/Events

- Admissions Practice (AP)
- College Fairs (CF)
Location: _____
- Conference (CONF)
- Diversity, Equity, & Access (DEA)
- Inclusion, Diversity, Equity, & Access (IDEA)
- DEA Grant Program
- Executive Board (EXB)
- Future Conference Site (FCS)
- Nominations & Credential (NC)
- Government Relations (GRAC)
- Inter-Association (IA)
- Membership (MEM)
- Nevada Ad Hoc (NEV)
- Professional Development (PD)
 - Counselor Summer Institute (CSI)
 - Share-Learn & Connect (SLC)
- Location:** _____
- Publications/Public Relations (PUB)
- Technology/Research (TECH)

Account Codes

EXPENSE

- 6002 · Wages
- 6010 · Payroll Taxes
- 6015 · Workers Comp
- 6020 · Bank Fees
- 6030 · Credit Card Fees
- 6210 · Scholarships
- 6220 · Awards & gifts
- 6310 · Advertising & Printing
- 6312 · Liability Insurance
- 6315 · Dues, registration & subscriptions
- 6320 · Postage
- 6327 · Accounting
- 6335 · Rentals (Facilities, Buses & Equipment)
- 6336 · Food & Refreshments
- 6340 · Supplies
- 6350 · Telephone

TRAVEL EXPENSE

- 6352 · Airfare
- 6353 · Car rental, taxi, train and bus
- 6356 · Lodging
- 6357 · Meals/Tips
- 6358 · Incidentals, tolls, parking
- 6359 · Mileage
- 6570 · Website Maintenance
- 6580 · Penalties

Expenses to be reimbursed: (Indicate Account Code(s) with dollar amount(s). Total should equal Amount Requested above. In addition, when claiming TRAVEL EXPENSES, Travel Expense Form, with supporting receipts, must accompany this form.)

Account Code	Amount	Account Code	Amount	Total
_____	\$ _____	_____	\$ _____	
_____	\$ _____	_____	\$ _____	
_____	\$ _____	_____	\$ _____	
_____	\$ _____	_____	\$ _____	\$ _____

COMMENTS:

Committee Chair: Send Completed Form(s) to Sonja Montiel (Treasurer) at 3717 E. Thousand Oaks Blvd, Westlake Village, CA 91362
 Questions? Contact Sonja Montiel at (800) 526.4045 or Sonja@CollegeConfidence.com



TRAVEL EXPENSE REPORT⁵

Requested by: _____ Date: _____
 Payee: _____ Contact Phone #: _____
 Address: _____
 Dates of Travel: _____ From/To: _____
 Purpose of Travel: _____

Itemized Expenses - Receipts Required¹

Day	1	2	3	4	5	6	Category Total
Date							Date
Airplane							\$
Train/Taxi/Shuttle/Car Rental							\$
Lodging							\$
Meals – Breakfast + Tip ²							\$
Meals – Lunch + Tip ²							\$
Meals – Dinner + Tip ²							\$
Incidentals/Tolls/Parking							\$
Number of Miles							
Miles x Mileage Rate (\$0.485)							\$
Other/Miscellaneous ³							\$
Daily Totals							\$

¹Please submit receipts for all expenses taped to 8 ½ x 11 sized paper.

²WACAC Fiscal Policy limits reimbursable meals to \$60 per day.

³Provide Explanation of All Other/Miscellaneous Expenses Below:

⁴Please submit this form and the Standard Check Requisition form to your Committee Chair for approval.

⁵**Form must be submitted within 45 days of date of the event.**

COMMENTS:

Requestor's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Committee Chair Approval: _____ Date: _____

(Please approve and forward all forms to the Treasurer)

BOARD MEMBERS⁴: Send Completed Form(s) to the Committee Chair.
 Questions? Contact Sonja Montiel at (800) 562.4045 or Sonja@CollegeConfidence.com
Incomplete form MAY result in delayed reimbursements/payments