

**FOUNDATION OFFICE**

425 Plumas Blvd. , Suite 200 • Yuba City, CA 95991

(530) 749-3868 • foundation@yccd.edu

Requisition Form**ORDERED BY:**

Name: _____ College/Dept: _____

Date: _____ Phone: _____ Email: _____

VENDOR INFORMATION:

Name: _____ Phone: _____ Fax #: _____

Address: _____
Street City State Zip**SEND CHECK TO:**

____ Vendor ____ Requestor ____ Other: _____

FOUNDATION ACCOUNT INFORMATION:

Fund Name: _____ Account No.: F- _____

Type of expense: ____ Invoice payment ____ Budget transfer ____ Purchase

DESCRIPTION	QTY	UNIT	TOTAL

Attach supporting documentation such as receipts or invoices before routing to the YCCD Foundation Office.

Sub-total	
Sales tax	
Freight	
TOTAL	

SIGNATURES:_____
College/District: Account Manager Date_____
College/District: Vice President/President//Chancellor Date

For use by the YCCD Foundation: