



BARSTOW COMMUNITY COLLEGE

COVID-19 Expense Request

Date:							
Department:							
Vendor Name:							W-9 <input type="checkbox"/> on file (Check one) <input type="checkbox"/> attached
Vendor ID:							
Item(s): (Attach quote when possible)							
Total Amount:							
Account #:	Fund 01	Life Span 50	Site 00	Program 0619	Sub-Prgm <hr style="width: 50px; margin: 0 auto;"/>	Ob Code	Type
Explanation/ Justification of request as it directly relates to COVID-19:							

Route for signatures:

Requestor Name		Date	
Area Vice President		Date	
Budget Analyst		Date	
VP of Admin. Services		Date	

- Budget Analyst will assign the **Sub-Program** code and route to the VP of Admin. Services.
- VP of Admin. Services will approve/deny and route back to Requestor.

Administrative Services Only
Approved Account # : 01 – 50 – 00 – 0619 – _____ – _____ – _____