BARSTOW COMMUNITY COLLEGE

COVID-19 Expense Request

Date:	
Department:	
Vendor Name:	W-9 □ on file (Check one) □ attached
Vendor ID:	
Item(s): (Attach quote when possible)	
Total Amount:	

Account #:	Fund	Life Span	Site	Program	Sub-Prgm	Ob Code	Type
	01	50	00	0619			6790

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 – _____ – _____ – _____**