GOLDEN WEST COLLEGE
Huntington Beach, CA

Save Form | Print Form

Click "Highlight Existing Fields" button above to view input fields in blue

AUXILIARY CHECK REQUEST

(Please attached original invoice/receipt)

Reset Form Fields

DATE: REQUESTED BY: PHONE/EXT

ACCT #: 03 - - - - ACCT NAME:

Vendor Information	Accounting Instructions
Name	☐ Mail
Address	☐ Will Hand-carry
City State Zip Code	
Phone No. Fax No.	Date Required

If Tax Exempt, click on the check box

Item	Quantity	Description	Unit Cost	Total	
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
			Subtotal	$ 0.00	
			Tax (7.75%)	$ 0.00	
			Total	$ 0.00	

***APPROVAL. All required signatures must be obtained prior to processing.**

Attach Board Approval (when required).

1. Associated Student Body Budgeted

ASGWC Finance Commissioner or President Date

Student Activities Director Date

1. Trust Accounts

Account Advisor Date

Designated Administrator Date

1. Student Club Accounts

Club Officer Date

Club Advisor Date

Student Activities Director Date

For Fiscal Services Internal Office Use

Vendor#

Voucher#

Batch#

Account#

Verified *Date*

Copy Distribution:
Original: Campus Fiscal Service Office
Copy: Student Activities/Division Office (Trusts)

Rev. Feb. 2021