



IMPERIAL COMMUNITY COLLEGE DISTRICT

Lottery Funds Expense Request

	on file (Check one) attached
Vendor ID:	
Item(s):	

Total Amount:

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Requestor Name	Date	Supervisor Approval Signature	Date

Dean Approval Signature	Date	Vice President Approval Signature	Date

Email completed form to Maria Lockas at maria.lockas@imperial.edu

Administrative Services Only			
Administrative Services Signature:		Fund:	Date:
Approved Account # (FOAPAL):			