



IMPERIAL COMMUNITY COLLEGE DISTRICT

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):								
Total Amount:								
Account # (FOAPAL):	Fund		Org		Acct		Prog	
Explanation / justification of request:								

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):			