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FORMS

- Authorization for Expenditure of Funds
  (Purchases and Reimbursements)

- Club / Agency Deposit
  (Fundraising and Donations)
Authorization for Expenditure of Funds

DATE ____________________________ HOLD □ MAIL □
Make check payable to:

NAME ____________________________________________

ADDRESS __________________________________ PHONE# ____________ E-MAIL ____________

CITY ___________________________________ STATE ____________ ZIP __________________

NAME OF ACCOUNT TO BE CHARGED _____________________________________________

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Information / Documentation Required:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minutes - highlight approval of expenditure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description/Details of purchase/service rendered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date &amp; Name of activity</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach all Original Receipts/Invoices

FAILURE TO PROVIDE THE ABOVE MAY CAUSE DELAYS IN PROCESSING

Received by: ____________________________

Date Received/Mail: ____________

Tax

Shipping

TOTAL

Club Advisor: ____________________________
Type/Print Name ____________________________ Signature ____________________________ Ext.

Club Representative: ____________________________
Type/Print Name ____________________________ Signature ____________________________ Phone ____________________________

A.S. Officer: ____________________________
Signature ____________________________ Date: ____________________________

Dean of Student Affairs: ____________________________
Signature ____________________________ Date: ____________________________

Clerk: ____________________________ Account Balance: ____________________________ Check Number: ____________________________ Check Date: ____________________________
San Diego Mesa College  
Student Affairs Office – Accounting Office  
Club/Agency Deposit Form

Guidelines:
1) Revenues generated from a fundraising activity must be deposited with the Accounting Office within 48 hours of the activity for credit to the account.
2) Club/Agency funds for deposit are accepted at the Accounting Office (MV-16 & 17)
   Monday-Thursday 8:30 a.m. – 3:30 p.m.
   Friday 8:30 a.m. – 10:30 a.m.
3) Complete the Club/Agency Account Worksheet below to account for total amount of funds deposited. The accounting technician will issue a receipt for the amount received. A receipt and copy of the Deposit Form will be given to the representative at completion of transaction.
4) Club treasurers/account custodians should record the amount of deposit in their respective accounting books to reflect an up-to-date account balance.

### Club/Agency Account Worksheet

<table>
<thead>
<tr>
<th>Club/Agency Name:</th>
<th>Date:</th>
<th>Club/Agency Event:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Amount of Deposit: ____________________________ Deposit made by: ____________________________

<table>
<thead>
<tr>
<th>Check Date</th>
<th>Check #</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# of Bills | Denomination | =Total
---|---|---
100.00 | $ 0.00
50.00  | $ 0.00
20.00  | $ 0.00
10.00  | $ 0.00
5.00   | $ 0.00
2.00   | $ 0.00
1.00   | $ 0.00

Total Bills: $ 0.00

<table>
<thead>
<tr>
<th># of Coins</th>
<th>Denomination</th>
<th>=Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>0.50</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>0.25</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>0.10</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>0.05</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>0.01</td>
<td>$ 0.00</td>
<td></td>
</tr>
</tbody>
</table>

Total Coins: $ 0.00

Total Checks: ____________________________
Total Bills: ____________________________
Total Coins: ____________________________
Total Deposit: ____________________________

Received by: ____________________________
Authorization for Expenditure of Funds

The Authorization for Expenditure of Funds Form is used to: purchase goods and services, reimburse for out-of-pocket expenses, pay for club memberships, provide cash advance for goods, and change fund for club fundraiser. Also, the form is used when transferring funds from one account to another [i.e. Associated Students to club account (including matching funds), club account to another club account (including vending 5000 funds)].

1. Reimbursement for Out-of-Pocket Expenses [Exhibit 8a – 8b]

1. Complete Authorization for Expenditure of Funds Form.


   a. Fill in name of individual requesting reimbursement including address and phone number.
   b. Indicate on line titled “Account to be Charged” the Associated Students budget number or Club name.
   c. Provide a brief description of your request for expenditure of funds.
   d. Secure appropriate signatures as indicated below.

      i. Associated Students: A.S. Officer and Dean of Student Affairs
      ii. Clubs: Club Advisor, Club Representative, and Dean of Student Affairs. The A.S. Officer signature is optional.
      iii. The individual (Payee) requesting reimbursement and/or disbursement cannot sign the bottom of the form as the club representative or A.S. Officer.

2. Attach original receipts to a separate sheet of paper (s) and staple sheet to form.

3. Attach meeting minutes approving expenditure of funds. Exception: Clubs requesting payment for membership fees to their national organization are not required to provide minutes approving payment. Membership fees are collected, deposited, and disbursed from the club account thereby clearing out the account of membership fees. [Exhibit 8c]

4. Submit Authorization for Expenditure of Funds Form to the Accounting Office.

5. Allow sufficient time, minimum two weeks, for processing your request.
II. Cash Advance

1. Complete **Authorization for Expenditure of Funds Form**.
   a. Fill in name of individual requesting cash advance including address and phone number.
   b. Indicate on line titled “Account to be Charged” the Associated Students budget number or Club name.
   c. Provide a brief description of your request for expenditure of funds.
   d. Secure appropriate signatures as indicated below.
      
      i. Associated Students: A.S. Officer and Dean of Student Affairs
      ii. Clubs: Club Advisor, Club Representative, and Dean of Student Affairs. The A.S. Officer signature is optional.
      iii. The individual (Payee) requesting a cash advance cannot sign the bottom of the form as the club representative or A.S. Officer.

2. Attach meeting minutes approving expenditure of funds.

3. Submit **Authorization for Expenditure of Funds Form** to the Accounting Office.

4. Allow sufficient time, minimum two weeks, for processing your request.

5. Return any excess cash advance to the Accounting Office within one (1) week after event has occurred. If funds are not returned within two weeks after cash advance was issued, a “hold” will be placed on your student records blocking future transactions.

6. Submit any excess cash advance by completing a **Club/Agency Deposit Form**. Attach original receipts to the form and turn into the Accounting Office. The Accounting Office staff member will provide a receipt for your records. See instructions on page 6 for completion of form.
III. Change Fund

1. Complete **Authorization for Expenditure of Funds Form**.
   a. Fill in name of individual requesting change fund including address and phone number.
   b. Indicate on line titled “Account to be Charged” the Associated Students budget number or Club name.
   c. Provide a brief description of your request for expenditure of funds.
   d. Secure appropriate signatures as indicated below.
      i. Associated Students: A.S. Officer and Dean of Student Affairs
      ii. Clubs: Club Advisor, Club Representative, and Dean of Student Affairs.
          The A.S. Officer signature is optional.
      iii. The individual (Payee) requesting the change fund cannot sign the bottom of the form as the club representative or A.S. Officer.

2. Attach meeting minutes approving expenditure of funds.

3. Submit **Authorization for Expenditure of Funds Form** to the Accounting Office.

4. Allow sufficient time, minimum two weeks, for processing your request.

5. Return change fund to the Accounting Office within one (1) week after event has occurred. If funds are not returned within two weeks after change fund was issued, a “hold” will be placed on your student records blocking future transactions.

6. Submit change fund by completing a **Club/Agency Deposit Form** and turn into the Accounting Office. The Accounting Office staff member will provide a receipt for your records. See instructions on page 6 for completion of form.
IV. Goods or Services

1. Complete **Authorization for Expenditure of Funds Form**.
   a. Fill in name of individual or company including address and phone number.
   b. Indicate on line titled “Account to be Charged” the Associated Students budget number or Club name.
   c. Provide a brief description of your request for expenditure of funds including invoice or quote number.
   d. Secure appropriate signatures as indicated below.
      i. Associated Students: A.S. Officer and Dean of Student Affairs
      ii. Clubs: Club Advisor, Club Representative, and Dean of Student Affairs. The A.S. Officer signature is optional.

2. Attach meeting minutes approving expenditure of funds.

3. Attach an invoice or quote from vendor verifying costs of goods or services to be paid. Professional services such as artist demonstration, guest lecturer (workshop speaker), performers (dancers, bands, musicians, magicians...) and cash prize winners must submit an invoice for payment. *Note: Professional services cannot be performed by a District employee for the current calendar year.* The **Guest Lecturer Invoice** is available online at the San Diego Mesa College website - [http://www.sdmesa.edu/forms/business.cfm](http://www.sdmesa.edu/forms/business.cfm)

   Also, there is a checklist to determine if an individual is an employee of the San Diego Community College District or a consultant/independent contractor. The **Evaluation of Employer/Employee Relationship** form is available online at the San Diego Mesa College website - [http://www.sdmesa.edu/forms/business.cfm](http://www.sdmesa.edu/forms/business.cfm).

4. For purchase of equipment over $200.00 (unit cost), completion of a **Gift/Donation Form and Transfer of Title** must be submitted to the Accounting Office. By completing the form, the equipment is being donated to the college for operational use. The equipment will receive a District equipment identification number from Facilities Services. The form is available online at the San Diego Mesa College website - [http://www.sdmesa.edu/forms/business.cfm](http://www.sdmesa.edu/forms/business.cfm).

5. Attach **Form W-9** (Request for Taxpayer Identification Number & Certification) for professional services payments. The form is available online at the San Diego Mesa College website - [http://www.sdmesa.edu/forms/business.cfm](http://www.sdmesa.edu/forms/business.cfm).

6. Submit **Authorization for Expenditure of Funds Form** including required documents mentioned above to the Accounting Office.

7. Allow sufficient time, minimum two weeks, for processing your request.
Club/Agency Deposit Form

The Club/Agency Deposit Form is used to record proceeds from fundraising activities, donations, membership dues, and submission of borrowed change fund and excess cash advance for club events.

1. Complete Club/Agency Deposit Form. [Exhibit 8p-8r]


   a. Fill in Club or Agency name.
   b. Indicate event that generated the deposit (i.e. membership dues, water and candy sale, dog wash, opportunity drawing, donation, rummage sale, spring fling ...).
   c. Fill in date of deposit.
   d. Indicate deposit amount.
   e. Fill in name of individual preparing and submitting deposit.
   f. Fill in financial grid breaking down the denomination of monies collected: checks, currency (bills) and coins.
   g. Provide denomination totals and deposit grand total at the bottom of the form.

2. Submit Club/Agency Deposit Form to the Accounting Office.

3. The Associated Students Accounting Technician will verify the deposit and provide a hand-written receipt upon completion. The deposit will be posted in QuickBooks under the appropriate account name and submitted to the bank. All transactions will be reflected in the appropriate month-end Club Report.

I. Cash Advance [Exhibit 8p]

   • Submit any excess cash advance by completing a Club/Agency Deposit Form. Attach original receipts to the form and turn into the Accounting Office. The Accounting Office staff member will provide a receipt for your records.

II. Change Fund [Exhibit 8q]

   • Submit change fund by completing a Club/Agency Deposit Form and turn into the Accounting Office. The Accounting Office staff member will provide a receipt for your records.
REPORTS

Associated Students

Financial transactions (revenue and expenses) are reported monthly to the Associated Students Officers, Dean of Student Affairs, and VP of Administrative Services. The report is titled Associated Students Budget. The financial information consists of data from the beginning of the fiscal year (July) through month-end. [Exhibit 8s]

Clubs

The monthly Club Report reflects monies collected, transferred and expended from the beginning of the fiscal year (July) through month-end. The report for each active club is forwarded to the club office via Student Affairs office personnel. [Exhibit 8t]

It is important for clubs to keep track of all transactions throughout the month so data can be compared to the month-end report for accuracy.
EXHIBITS
Authorization for Expenditure of Funds

DATE Nov 1, 2010
Make check payable to:
NAME Cathy Armington
ADDRESS 29255 Pharoah Drive
PHONE# (619) 444-9987
E-MAIL
CITY San Diego
STATE CA
ZIP 92117
NAME OF ACCOUNT TO BE CHARGED HONORS

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reimbursement for food items purchased for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>training workshop 10-12-10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costco, 10-12-10</td>
<td>1</td>
<td>$87.17</td>
<td>$87.17</td>
</tr>
<tr>
<td>Vons, 10-12-10</td>
<td>1</td>
<td>$5.63</td>
<td>$5.63</td>
</tr>
</tbody>
</table>

Additional Information / Documentation Required:
- Minutes - highlight approval of expenditure
- Description/Details of purchase/service rendered
- Date & Name of activity
- Attach all Original Receipts/Invoices
- Failure to provide the above may cause delays in processing

Received by: __________________________
Date Received/Mail: ____________________
Tax
Shipping
TOTAL $92.80

Club Advisor: Shelby Cordovan
Signature Required
Type/Print Name
Signature
Ext.

Club Representative: Henry Copper
Signature Required
Type/Print Name
Signature
(619) 221-9876
Phone

A.S. Officer: Signature Optional
Signature
Date: 11-01-10

Dean of Student Affairs: Signature Required
Signature
Date: 11-01-10

Clerk: ___________ Acct Balance: ___________ Check Number: ___________ Check Date: ___________
### Out-of-Pocket Reimbursement

Page 2 of 2

---

#### VONS

**Welcome to Our Store**

**Refrig/Frozen**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bagged Ice 7lb</td>
<td>$2.59</td>
</tr>
<tr>
<td><strong>Tax</strong></td>
<td>$0.18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2.67</td>
</tr>
</tbody>
</table>

**Cash** 20.00

**Change** 14.33

**Number of Items** = 2

**Join VonsClub and Start Saving!**

Let us hear from you! 1-877-723-3929 or visit VONS.COM

---

#### Mission Valley 488

2345 Fenton Pkwy
San Diego, CA 92108
Member #111772314722

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>75510 Hansense</td>
<td>1</td>
<td>$6.79</td>
</tr>
<tr>
<td>411300000000 CA Repemb VA</td>
<td>1</td>
<td>$1.20</td>
</tr>
<tr>
<td>45 Diet Coke</td>
<td>1</td>
<td>$9.49</td>
</tr>
<tr>
<td>570600000000 CA Repemb VA</td>
<td>1</td>
<td>$1.60</td>
</tr>
<tr>
<td>10994 TURK FROZEN</td>
<td>1</td>
<td>$8.99</td>
</tr>
<tr>
<td>10994 TURK FROZEN</td>
<td>1</td>
<td>$8.99</td>
</tr>
<tr>
<td>3074 Baked Stash Chip</td>
<td>1</td>
<td>$3.99</td>
</tr>
<tr>
<td>2048 Vegetable Tray</td>
<td>1</td>
<td>$11.99</td>
</tr>
<tr>
<td>138157 Whole PP</td>
<td>1</td>
<td>$9.95</td>
</tr>
<tr>
<td>139959 Whole Combo</td>
<td>1</td>
<td>$9.95</td>
</tr>
<tr>
<td>139166 Whole Cheese</td>
<td>1</td>
<td>$9.95</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td>$82.89</td>
</tr>
<tr>
<td><strong>Tax</strong></td>
<td></td>
<td>$4.28</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$87.17</td>
</tr>
</tbody>
</table>

**EFT Debit: SWIPED**

- **Number of Items Sold**: 9
- **Cashier**: Scott R
- **Register**: 7

---

**Core Values**

- Passionate
- Pioneering
- Progressive

---

Thank you! Please come again!
Authorization for Expenditure of Funds

DATE Nov 1, 2010

Make check payable to:

NAME Sandra Needlenose

ADDRESS 10056 Ranger Lane

PHONE# (619) 222-0001

CITY San Diego

STATE CA

ZIP 92111

NAME OF ACCOUNT TO BE CHARGED MCAHTSA

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash advance to purchase supplies for club</td>
<td>1</td>
<td>$100.00</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

Documentation Required:
- Minutes - highlight approval of expenditure
- Description/Details of purchase/service rendered
- Date & Name of activity

Received by: ____________________________

Date Received/Mail: ____________________________

Tax

Shipping

TOTAL $100.00

CLUB ADVISOR: Cori Baileaux

SIGNATURE REQUIRED

CLUB REPRESENTATIVE: Change Phaison

SIGNATURE REQUIRED (619)543-2100

A.S. OFFICER: ____________________________

SIGNATURE OPTIONAL

Date: 11-01-10

DEAN OF STUDENT AFFAIRS: ____________________________

SIGNATURE REQUIRED

Date: 11-01-10

CLERK: ____________________________

ACCOUNT BALANCE: ____________________________

CHECK NUMBER: ____________________________

CHECK DATE: ____________________________
Authorization for Expenditure of Funds

DATE Nov 1, 2010
Make check payable to:
NAME Paul Levinstand
ADDRESS 2099 Topper Lane #A5
PHONE# (619) 223-9991
E-MAIL
CITY San Diego
STATE CA
ZIP 92117
NAME OF ACCOUNT TO BE CHARGED ASG - 5607

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash advance to purchase supplies for special event on November 19, 2010</td>
<td>1</td>
<td>$350.00</td>
<td>$350.00</td>
</tr>
</tbody>
</table>

Additional Information / Documentation Required:
- Minutes - highlight approval of expenditure
- Description/Details of purchase/service rendered
- Date & Name of activity
- Attach all Original Receipts/Invoices

FAILURE TO PROVIDE THE ABOVE MAY CAUSE DELAYS IN PROCESSING

Received by: ______________________
Date Received/Mail: ______________________

Club Advisor: N/A
Type/Print Name
Signature
Ext.

Club Representative: N/A
Type/Print Name
Signature

A.S. Officer: Signature Required
Date: 11-01-10
Signature

Dean of Student Affairs: Signature Required
Date: 11-01-10
Signature

Clerk: 
Acct Balance: 
Check Number: 
Check Date: 

TOTAL $350.00

Tax
Shipping

TOTAL $350.00
Authorization for Expenditure of Funds

DATE Nov 1, 2010

Make check payable to: Cori Baileaux

ADDRESS 10560 Langer Road

PHONE# (619) 333-0002

CITY San Diego

STATE CA

ZIP 92111

NAME OF ACCOUNT TO BE CHARGED Psi Beta

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change fund request for club fundraiser</td>
<td>1</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

Additional Information / Documentation Required:
- Change fund request for club fundraiser on November 15, 2010
- Minutes - highlight approval of expenditure
- Description/Details of purchase/service rendered
- Date & Name of activity
- Attach all Original Receipts/Invoices
- FAILURE TO PROVIDE THE ABOVE MAY CAUSE DELAYS IN PROCESSING

Received by:

Tax

Shipping

TOTAL $50.00

Club Advisor: Betty Crocklander

Club Representative: Piper Galier

A.S. Officer: Signature Optional

Dean of Student Affairs: Signature Required

Clerk: Signature Required

Signature Required: 2704

Signature Required: (619) 345-3200

Signature Required: Date: 11-01-10

Signature Required: Date: 11-01-10

Signature Required: Date: 11-01-10

Signature Required: Date: 11-01-10

Acct Balance: Check Number: Check Date:
## Authorization for Expenditure of Funds

**DATE**: Nov 1, 2010  
**HOLD**: ×  
**MAIL**: □

**Make check payable to:** 

**NAME**: STS Graphics & Printing Company

**ADDRESS**: 33991 Morena Blvd.  
**PHONE**: (619) 990-1111  
**E-MAIL**: 

**CITY**: Chula Vista  
**STATE**: CA  
**ZIP**: 91920

**NAME OF ACCOUNT TO BE CHARGED**: 5008 - AS/ Special Activities

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment for office banner on invoice #8110802</td>
<td>1</td>
<td>$ 50.00</td>
<td>$ 50.00</td>
</tr>
<tr>
<td>dated 10-20-10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Information / Documentation Required:**

- Minutes - highlight approval of expenditure
- Description/Details of purchase/service rendered
- Date & Name of activity

**Note**: Call AS Office - AS President to pick up check for hand-delivery to vendor

**Attach all Original Receipts/Invoices**: 

**Received by:** 

**Tax**: $ 4.38

**Date Received/Mail:**

**Shipping**: 

**TOTAL**: $ 54.38

**Club Advisor**: N/A  
**Type/Print Name**:  
**Signature**:  
**Ext.**: 

**Club Representative**: N/A  
**Type/Print Name**:  
**Signature**:  

**A.S. Officer**: Signature Required  
**Signature**:  
**Date**: 11-01-10

**Dean of Student Affairs**: Signature Required  
**Signature**:  
**Date**: 11-01-10

Clerk:  
**Acct Balance**:  
**Check Number**:  
**Check Date**:  

**Failure to provide the above may cause delays in processing**

8f
<table>
<thead>
<tr>
<th>Qty</th>
<th>Description</th>
<th>Unit Price</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Banner - 18&quot;H x 36&quot;L, White background with navy blue lettering</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td></td>
<td>To read: San Diego Mesa College</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Associated Students</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SubTotal Shipping</th>
<th>$50.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax Rate(s)</td>
<td>8.75%</td>
</tr>
<tr>
<td></td>
<td>$4.38</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$54.38</td>
</tr>
</tbody>
</table>

Contact Person: Charles Checkland
(619) 990-1111
(619) 990-1112 Fax
Authorization for Expenditure of Funds

DATE Nov 8, 2010
Make check payable to:

NAME Lowe's

ADDRESS 2318 Northside Drive
PHONE# (619) 584-5500
E-MAIL

CITY San Diego
STATE CA
ZIP 92108

NAME OF ACCOUNT TO BE CHARGED 6402-AS/ Equipment

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigerator, Frigidaire, 18CF Black, Model #FRT18I6JB</td>
<td>1</td>
<td>$459.77</td>
<td>$459.77</td>
</tr>
<tr>
<td>Invoice #11032010 dated 11/03/10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Information / Documentation Required:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minutes - highlight approval of expenditure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description/Details of purchase/service rendered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date &amp; Name of activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attach all Original Receipts/Invoices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAILURE TO PROVIDE THE ABOVE MAY CAUSE DELAYS IN PROCESSING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received by:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Received/Mail:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: Call AS Office - AS President to pick up check for hand-delivery to vendor</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| | Tax | Shipping | TOTAL |
| | $40.23 | $25.00 | $525.00 |

Club Advisor: N/A

Club Representative: N/A

A.S. Officer: Signature Required

Date: 11-08-10

Dean of Student Affairs: Signature Required

Date: 11-08-10

Clerk: Acct Balance: Check Number: Check Date:
Lowe's
2318 Northside Drive
San Diego, CA 92108
(619) 584-5500

Invoice No. 11032010

<table>
<thead>
<tr>
<th>Customer</th>
<th>Misc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Date 11/3/2010</td>
</tr>
<tr>
<td>Address</td>
<td>Order No. 0001</td>
</tr>
<tr>
<td>City</td>
<td>Rep</td>
</tr>
<tr>
<td>Phone</td>
<td>FOB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Qty</th>
<th>Description</th>
<th>Unit Price</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Refrigerator, Frigidaire, 18CF, Black, Model #FRT18IL6JB</td>
<td>$459.77</td>
<td>$459.77</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tax Rate(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.75% $40.23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payment</th>
<th>Tax Rate(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check</td>
<td>$525.00</td>
</tr>
</tbody>
</table>

SubTotal $459.77
Shipping $25.00

TOTAL $525.00

Comments: Make check payable to: Lowe's

Thank you for shopping Lowe's
### GIFT/DONATION FORM AND TRANSFER OF TITLE

#### Donor Section

- **DONATION DESCRIPTION:** This description may be used for publicity purposes. Include all pertinent information.
  - Refrigerator, Frigidaire, 18CF, Model #FRT18IL6JB

- **SERIAL NUMBER:** 100001112345

- **DONOR’S ESTIMATED VALUE OF GIFT:** $500.00
  - (No employee/officer of the San Diego Community College District shall estimate the value of the gift.)

- The donor acknowledges that the San Diego Community College District reserves the right to sell or otherwise dispose of this/these item(s) in whole or in its component parts, at the sole discretion of the San Diego Community College District. The Donor further acknowledges that full title and ownership is turned over to the San Diego Community College District, by signing below.

- **DONOR SIGNATURE:** Signature Required **DATE:** 11/15/10

- **DONOR NAME, ADDRESS, AND TELEPHONE NUMBER:** Associated Students, San Diego Mesa College, 7250 Mesa College Drive, Room H-600, San Diego, CA 92111, (619) 388-2903

#### ACCEPTANCE REQUESTED BY

- **ORIGINATOR:** Charles Dickenstein **DATE:** 11/15/10

- **REQUEST FOR SERVICE #:**
  - (If equipment needs installation or repair the site shall attach RS.) **DATE:**

- **DIR OF ADMINISTRATIVE SVC:** **DATE:**

- **RESPONSIBLE MANAGER:**
  - (Vice President, Dean or other District Management staff) **DATE:**

- **RESPONSIBLE ADMINISTRATOR:**
  - (President, Assistant Chancellor) **DATE:**

#### FACILITIES SERVICES SECTION

- Related Costs or Needs Associated with Gift of Equipment:
  1. **Installations Costs:** By: Date: 
  2. **Restoration Costs:** By: Date: 
  3. **Relocation Costs:** By: Date: 
  4. **On-going Maintenance Costs:** By: Date: 
  5. **Additional Costs:** By: Date: 

- Comments/Explanation:

- **Acceptance:** Recommended: Not Recommended: 

- **Assistant Chancellor, Facilities Services Approval:** **Date:**

---

**ATTACHMENT A**
ACKNOWLEDGEMENT OF CONTRIBUTION TO
SAN DIEGO COMMUNITY COLLEGE DISTRICT

1) Donor (include name, address, and telephone number: Associated Students, San Diego Mesa College,
7250 Mesa College Drive, Room H-600, San Diego, CA 92111, (619) 388-2903

2) Amount of cash or check contributed: $525.00

3) Description (but not estimate of value) of property (other than cash) contributed: Refrigerator

4) Date of receipt of contribution: 11/15/10

5) X The San Diego Community College District did not provide any goods or services in consideration, in whole or in part, for the cash or property contributed.

6) The San Diego Community College District did provide goods and/or services in consideration, in whole or in part, for the cash or property contributed.
   a) Description of goods and/or services provided by San Diego Community College District in consideration for the cash or property contributed:
      __________________________________________________________
      __________________________________________________________
      __________________________________________________________

   b) Good faith estimate of the value of goods and/or services provided by San Diego Community College District:
      __________________________________________________________
      __________________________________________________________

The undersigned officer of the San Diego Community College District hereby acknowledges the contribution by Donor and provides the information stated above for Federal income tax purposes.

Responsible Administrator
San Diego Community College District
2/27/08
Authorization for Expenditure of Funds

DATE Nov 1, 2010                                  HOLD ☐ MAIL ☒

Make check payable to:

NAME       Artisima Ceramicato

ADDRESS  59345 Portico Calle Court      PHONE#  (760) 456-7891      E-MAIL

CITY       Poway                             STATE   CA                      ZIP 92129

NAME OF ACCOUNT TO BE CHARGED  CERAMICS

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceramics lecture/demonstration on 10-21-10</td>
<td>1</td>
<td>$250.00</td>
<td>$250.00</td>
</tr>
<tr>
<td>in room D-202</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Information / Documentation Required:

Minutes - highlight approval of expenditure

Description/Details of purchase/service rendered

Date & Name of activity

Received by: ___________________________

Tax

Date Received/Mail: ____________________

Shipping

TOTAL $250.00

Club Advisor: Nathan Mattheus 2704

Type/Print Name  Signature  Ext.

Club Representative: Charles Topenez  (619)980-0099

Type/Print Name  Signature  Phone

A.S. Officer: Signature Optional Date: ________________

Signature

Dean of Student Affairs: Signature Required Date: 11-01-10

Signature

Clerk: __________  Acct Balance: __________  Check Number: __________  Check Date: __________
# GUEST LECTURER INVOICE

<table>
<thead>
<tr>
<th>Presenter:</th>
<th>Artisima Ceramicato</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleague ID:</td>
<td>N/A</td>
</tr>
<tr>
<td>Federal ID # (if applicable):</td>
<td>111-22-3333</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>59345 Portico Calle Court</td>
</tr>
<tr>
<td>City:</td>
<td>Poway</td>
</tr>
<tr>
<td>State/Zip:</td>
<td>CA / 92129</td>
</tr>
</tbody>
</table>

## SERVICE PROVIDED

<table>
<thead>
<tr>
<th>Date of Presentation:</th>
<th>10-21-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Presentation:</td>
<td>3 hours</td>
</tr>
<tr>
<td>Amount Due:</td>
<td>$250.00</td>
</tr>
</tbody>
</table>

Provider Signature: Signature Required

Is Guest Lecturer a district employee: Yes _ _ No _ X_
This includes District Office, Mesa, City, Miramar, ECC and Continuing Ed.

If YES, an hourly time card must be completed and attached to this form for payment.

## BUDGET INFORMATION AND APPROVAL

<table>
<thead>
<tr>
<th>Account to be charged:</th>
<th>Ceramics Club</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget Number:</td>
<td>N/A</td>
</tr>
<tr>
<td>Person Authorizing Services:</td>
<td>Nathan Mattheus</td>
</tr>
</tbody>
</table>
Artisima Ceramicato

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): □ Individual/sole proprietor □ C Corporation □ S Corporation □ Partnership □ Trust/estate □ Limited liability company: Enter the tax classification (C=C corporation, S=S corporation, P=partnership) □ Exempt payee

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

59345 Portico Calle Court

Poway, CA 92129

List account number(s) here (optional)

PART I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

PART II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am a U.S. citizen or other U.S. person (defined below).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here □ Signature of U.S. person □ Signature Required Date □

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
Authorization for Expenditure of Funds

DATE Nov 3, 2010
Make check payable to:

NAME Phi Theta Kappa
ADDRESS P.O. Box 13729
PHONE# _____________
E-MAIL _____________
CITY Jackson
STATE MS ZIP 39236
NAME OF ACCOUNT TO BE CHARGED PTK

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership dues per list attached</td>
<td>20</td>
<td>$50.00</td>
<td>$1,000.00</td>
</tr>
</tbody>
</table>

Additional Information / Documentation Required:

- Minutes - highlight approval of expenditure
- Description/Details of purchase/service rendered
- Date & Name of activity
- Attach all Original Receipts/Invoices

NOTE: Minutes not required for this transaction.

Received by: _____________
Tax
Shipping
TOTAL $1,000.00

Club Advisor: Jasmine Fern
Type/Print Name _____________ Signature _____________ Ext. _____________

Club Representative: Porgie Palentine
Type/Print Name _____________ Signature _____________ Phone (619)229-3399

A.S. Officer: Signature Optional
Signature _____________ Date: _____________

Dean of Student Affairs: Signature Required
Signature _____________ Date: 11-03-10

Clerk: _____________ Acct Balance: _____________ Check Number: _____________ Check Date: _____________
San Diego Mesa College  
Student Affairs Office – Accounting Office  
Club/Agency Deposit Form

Guidelines:
1) Revenues generated from a fundraising activity must be deposited with the Accounting Office within 48 hours of the activity for credit to the account.
2) Club/Agency funds for deposit are accepted at the Accounting Office (MV-16&17)
   Monday-Thursday 8:30 a.m. – 3:30 p.m.
   Friday 8:30 a.m. – 10:30 a.m.
3) Complete the Club/Agency Account Worksheet below to account for total amount of funds deposited.
   The accounting technician will issue a receipt for the amount received. A receipt and copy of the Deposit Form will be given to the representative at completion of transaction.
4) Club treasurers/account custodians should record the amount of deposit in their respective accounting books to reflect an up-to-date account balance.

**Club/Agency Account Worksheet**

<table>
<thead>
<tr>
<th>Club/Agency Name: MCAHTSA</th>
<th>Date: Nov 24, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Club/Agency Event: Club orientation &amp; training</td>
<td></td>
</tr>
<tr>
<td>Amount of Deposit: $27.19</td>
<td>Deposit made by: Sandra Needlenose</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check Date</th>
<th>Check #</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Excess Cash Advance is returned with receipts verifying proof purchase.

<table>
<thead>
<tr>
<th># of Bills</th>
<th>x Denomination</th>
<th>=Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>100.00</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>50.00</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>20.00</td>
<td>$ 20.00</td>
<td></td>
</tr>
<tr>
<td>10.00</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>5.00</td>
<td>$ 5.00</td>
<td></td>
</tr>
<tr>
<td>2.00</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>1.00</td>
<td>$ 2.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total Bills:** $ 27.00

<table>
<thead>
<tr>
<th># of Coins</th>
<th>x Denomination</th>
<th>=Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>0.50</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>0.25</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>0.10</td>
<td>$ 0.10</td>
<td></td>
</tr>
<tr>
<td>0.05</td>
<td>$ 0.05</td>
<td></td>
</tr>
<tr>
<td>0.01</td>
<td>$ 0.04</td>
<td></td>
</tr>
</tbody>
</table>

**Total Coins:** $ 0.19

Total Checks: 
Total Bills: $ 27.00
Total Coins: $ 0.19
Total Deposit: $ 27.19

Received by: _____________________
San Diego Mesa College  
Student Affairs Office – Accounting Office  
Club/Agency Deposit Form

Guidelines:
1) Revenues generated from a fundraising activity must be deposited with the Accounting Office within 48 hours of the activity for credit to the account.
2) Club/Agency funds for deposit are accepted at the Accounting Office (MV-16&17)  
   Monday-Thursday 8:30 a.m. – 3:30 p.m.  
   Friday 8:30 a.m. – 10:30 a.m.
3) Complete the Club/Agency Account Worksheet below to account for total amount of funds deposited. The accounting technician will issue a receipt for the amount received. A receipt and copy of the Deposit Form will be given to the representative at completion of transaction.
4) Club treasurers/account custodians should record the amount of deposit in their respective accounting books to reflect an up-to-date account balance.

### Club/Agency Account Worksheet

<table>
<thead>
<tr>
<th>Club/Agency Name:</th>
<th>Psi Beta</th>
<th>Date:</th>
<th>Nov 22, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Club/Agency Event:</td>
<td>Water &amp; candy sale</td>
<td>Date:</td>
<td>Nov 22, 2010</td>
</tr>
<tr>
<td>Amount of Deposit:</td>
<td>$85.75</td>
<td>Deposit made by:</td>
<td>Cori Baileaux</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check Date</th>
<th>Check #</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Change Fund is returned with proceeds from fundraiser event.

The original Change Fund was $50.00, therefore, the fundraiser generated $35.75 towards club funds.

<table>
<thead>
<tr>
<th># of Bills</th>
<th>x Denomination</th>
<th>=Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>100.00</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>50.00</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>2</td>
<td>20.00</td>
<td>40.00</td>
</tr>
<tr>
<td>1</td>
<td>10.00</td>
<td>10.00</td>
</tr>
<tr>
<td>5.00</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>2.00</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>15</td>
<td>1.00</td>
<td>15.00</td>
</tr>
</tbody>
</table>

**Total Bills:** $65.00

<table>
<thead>
<tr>
<th># of Coins</th>
<th>x Denomination</th>
<th>=Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>1</td>
<td>0.50</td>
<td>0.50</td>
</tr>
<tr>
<td>66</td>
<td>0.25</td>
<td>16.50</td>
</tr>
<tr>
<td>15</td>
<td>0.10</td>
<td>1.50</td>
</tr>
<tr>
<td>45</td>
<td>0.05</td>
<td>2.25</td>
</tr>
<tr>
<td>0</td>
<td>0.01</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Total Coins:** $20.75

**Total Checks:** 
**Total Bills:** $65.00
**Total Coins:** $20.75
**Total Deposit:** $85.75

Received by: _______________
San Diego Mesa College
Student Affairs Office – Accounting Office
Club/Agency Deposit Form

Guidelines:
1) Revenues generated from a fundraising activity must be deposited with the Accounting Office within 48 hours of the activity for credit to the account.
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   Friday 8:30 a.m. – 10:30 a.m.
3) Complete the Club/Agency Account Worksheet below to account for total amount of funds deposited. The accounting technician will issue a receipt for the amount received. A receipt and copy of the Deposit Form will be given to the representative at completion of transaction.
4) Club treasurers/account custodians should record the amount of deposit in their respective accounting books to reflect an up-to-date account balance.

### Club/Agency Account Worksheet

<table>
<thead>
<tr>
<th>Club/Agency Name: PTK</th>
<th>Date: Nov 1, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Club/Agency Event: Membership Drive</td>
<td></td>
</tr>
<tr>
<td>Amount of Deposit: $450.00</td>
<td>Deposit made by: Porgie Palentine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check Date</th>
<th>Check #</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 28, 2010</td>
<td>222</td>
<td>Smith, X</td>
<td>$ 75.00</td>
</tr>
<tr>
<td>Oct 22, 2010</td>
<td>17950</td>
<td>Carter, K</td>
<td>$ 75.00</td>
</tr>
<tr>
<td>Oct 28, 2010</td>
<td>0123</td>
<td>Sanders, J</td>
<td>$ 75.00</td>
</tr>
<tr>
<td>Oct 29, 2010</td>
<td>3329</td>
<td>Johnson, A</td>
<td>$ 75.00</td>
</tr>
<tr>
<td>Oct 29, 2010</td>
<td>4311</td>
<td>Walker, M</td>
<td>$ 75.00</td>
</tr>
<tr>
<td>Oct 22, 2010</td>
<td>117</td>
<td>Moss, S</td>
<td>$ 75.00</td>
</tr>
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</table>

# of Bills x Denomination = Total

<table>
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<th># of Bills</th>
<th>x Denomination</th>
<th>=Total</th>
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<td>100.00</td>
<td>$ 0.00</td>
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</tr>
<tr>
<td>50.00</td>
<td>$ 0.00</td>
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</tr>
<tr>
<td>20.00</td>
<td>$ 0.00</td>
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</tr>
<tr>
<td>10.00</td>
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</tr>
<tr>
<td>5.00</td>
<td>$ 0.00</td>
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</tr>
<tr>
<td>2.00</td>
<td>$ 0.00</td>
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</tr>
<tr>
<td>1.00</td>
<td>$ 0.00</td>
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</table>

**Total Bills:** $ 0.00

<table>
<thead>
<tr>
<th># of Coins</th>
<th>x Denomination</th>
<th>=Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>0.50</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>0.25</td>
<td>$ 0.00</td>
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</tr>
<tr>
<td>0.10</td>
<td>$ 0.00</td>
<td></td>
</tr>
<tr>
<td>0.05</td>
<td>$ 0.00</td>
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<tr>
<td>0.01</td>
<td>$ 0.00</td>
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</table>

**Total Coins:** $ 0.00

Total Checks: $ 450.00
Total Bills: $ 0.00
Total Coins: $ 0.00
Total Deposit: $ 450.00

Received by: _______________
## SAN DIEGO MESA COLLEGE
Associated Students Budget
2010 - 2011

### A S F

<table>
<thead>
<tr>
<th>Budget Number</th>
<th>Revenue</th>
<th>Expenditures</th>
<th>Total Budget 2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>71-7720-000000-000000-8801</td>
<td>Beginning Balance</td>
<td>Classified Hourly Nonclassroom</td>
<td>142,761</td>
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<tr>
<td>71-7720-22021-696000-8803</td>
<td>Interest Revenue</td>
<td>Classified Salaries Pool</td>
<td>32,868</td>
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<tr>
<td>71-7720-22021-696000-8844</td>
<td>Service Charges NSF Checks</td>
<td>Mandated Benefits Non-Instructional</td>
<td>117,167</td>
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<tr>
<td>71-7720-22021-696000-8855</td>
<td>AS Membership Dues</td>
<td>Contract Budgeted Benefit Pool</td>
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<tr>
<td>71-7720-22021-696000-8899</td>
<td>Miscellaneous Revenue</td>
<td>Supplies (Operating)</td>
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</tr>
<tr>
<td>71-7720-22021-696000-5999</td>
<td>Student ID Card (Transfer-In from GF)</td>
<td>Printing</td>
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<tr>
<td>71-7720-22021-696000-5999</td>
<td>Vending (Transfer-In from GF)</td>
<td>Supplies Budget Pool</td>
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<tr>
<td>71-7720-22021-696000-6001</td>
<td>Postage</td>
<td>Other Operating Expenses Pool</td>
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<tr>
<td>71-7720-22021-696000-6004</td>
<td>Special Activities (Misc. Supplies)</td>
<td>Equipment</td>
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<tr>
<td>71-7720-22021-696000-6005</td>
<td>Copy Machine Maintenance</td>
<td>Capital Outlay Budget Pool</td>
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<tr>
<td>71-7720-22021-696000-6009</td>
<td>Professional Services</td>
<td></td>
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<td>71-7720-22021-696000-6011</td>
<td>AS Uncollectible Debt (Bk Loans, Checks)</td>
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<tr>
<td>71-7720-22021-696000-6012</td>
<td>AS Membership Promotions</td>
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<tr>
<td>71-7720-22021-696000-6015</td>
<td>AS Donations</td>
<td></td>
<td></td>
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<tr>
<td>71-7720-22021-696000-6016</td>
<td>AS Awards/Recognition</td>
<td></td>
<td></td>
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<tr>
<td>71-7720-22021-696000-6019</td>
<td>Miscellaneous Expenditures (i.e. Trfr to Clubs)</td>
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<td></td>
</tr>
<tr>
<td>71-7720-22021-696000-6020</td>
<td>AS Special Events &amp; Activities</td>
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<tr>
<td>71-7720-22021-696000-6022</td>
<td>AS Government Scholarship</td>
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<tr>
<td>71-7720-22021-696000-6024</td>
<td>AS Matching Funds (Clubs)</td>
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<tr>
<td>71-7720-22021-696000-6025</td>
<td>Telephone</td>
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<tr>
<td>71-7720-22021-696000-6028</td>
<td>Other Operating Expenses Pool</td>
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<tr>
<td>71-7720-22021-696000-6029</td>
<td>Equipment</td>
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<td>71-7720-22021-696000-6032</td>
<td>Capital Outlay Budget Pool</td>
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<tr>
<td>71-7720-22021-696000-6035</td>
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### Actual as of 10/31/10

<table>
<thead>
<tr>
<th>Budgeted/Actual Revenue</th>
<th>Revenue Transfer-In From Gen. Fund</th>
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<tr>
<td>10,750</td>
<td>47,712</td>
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<tr>
<td>47,712</td>
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<tr>
<td>58,462</td>
<td>48,359</td>
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<tr>
<td>15,491</td>
<td>15,491</td>
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<tr>
<td>42,971</td>
<td>32,868</td>
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San Diego Mesa College-Associated Students  
Interior Design  
July through October 2010

<table>
<thead>
<tr>
<th>Date</th>
<th>Num</th>
<th>Name</th>
<th>Memo</th>
<th>Debit</th>
<th>Credit</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2010</td>
<td></td>
<td></td>
<td>Beginning Balance</td>
<td></td>
<td></td>
<td>2,812.78</td>
</tr>
<tr>
<td>10/21/2010</td>
<td>8623</td>
<td>National Kitchen &amp; Bath Assn</td>
<td>9567-Int Dgn/Student Membership: Ashley Bailey</td>
<td>15.00</td>
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<td>2,797.78</td>
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<tr>
<td>10/21/2010</td>
<td>8623</td>
<td>National Kitchen &amp; Bath Assn</td>
<td>9567-Int Dgn/Student Membership: Breana Vargas</td>
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<tr>
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<td>National Kitchen &amp; Bath Assn</td>
<td>9567-Int Dgn/Student Membership: Joyce Link</td>
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<tr>
<td>10/21/2010</td>
<td>8626</td>
<td>Taylor Shanahan</td>
<td>9567-Int. Dgn/Reimb. for Student Exhibit</td>
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<tr>
<td>10/21/2010</td>
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<td>Taylor Shanahan</td>
<td>9567-Int Dgn/Reimb. Gift from Club Board Members</td>
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<td>10/22/2010</td>
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<td>Transfer</td>
<td>Transfer to ASG for Copier Code</td>
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<tr>
<td>10/26/2010</td>
<td>8629</td>
<td>Five Star Tours</td>
<td>9567-Interior Design/Tour Bus Rental/Inv. #10460 11/06/10</td>
<td>864.00</td>
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<td></td>
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<td>Total Interior Design</td>
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<tr>
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<td>Total 9567-Club</td>
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<td>1,725.13</td>
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<tr>
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<td>TOTAL</td>
<td>1,087.65</td>
<td>2,812.78</td>
<td>1,725.13</td>
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