



# COLLEGE *of the* DESERT

43-500 Monterey Avenue  
Palm Desert, CA 92260  
(760) 862-1317

## CLUB REQUISITION

Club Name

\_\_\_\_\_

Date: \_\_\_\_\_

MAKE CHECK PAYABLE TO:

Event: \_\_\_\_\_

Name

\_\_\_\_\_

Date of Event: \_\_\_\_\_

Address

\_\_\_\_\_

Account Number: \_\_\_\_\_

City, State and Zip

\_\_\_\_\_

Purchase Order No. \_\_\_\_\_

Tax ID Number (if applicable)

\_\_\_\_\_

Phone

\_\_\_\_\_

Quantity	Description	Cost Estimate	
		Unit Cost	Total Cost

Student Representative

\_\_\_\_\_

Director of Student Life

\_\_\_\_\_

Date

\_\_\_\_\_

Club Advisor

\_\_\_\_\_

Dean of Student Support Programs and Services

\_\_\_\_\_

Date

\_\_\_\_\_