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|  | **Associated Students of Gavilan College**  **Reimbursement Form for Purchases Under $500**  Student Center **∙** 5055 Santa Teresa Blvd. Gilroy, CA 95020 **∙** (408) 848-4777 |  |

**Attach Original Receipts**

* *Items must be purchased in person; no items are to be delivered.*
* *If personal credit card is used then also include original charge slip.*
* *Original invoices are to be submitted to the Business Office within five (5) working days.*
* If this process is not followed, the use of this privilege will be revoked. Subsequential unauthorized use may result in personal responsibility for payment.

Check Payable to

G00#

Department

Amount (not to exceed $500.00)

Program #

Description of item

Item purchased from

(Invoice field)

Date of purchase

Authorized Signature

Approving President, VP, Director, Dean

(Your signature signifies funds are available and this is an appropriate expense)

ASGC VP of Finance: Date:

ASGC Advisor: Date:

Club Advisor: (for clubs only) Date:

Date received by Business Office