



VICTOR VALLEY COMMUNITY COLLEGE DISTRICT

18422 Bear Valley Road
 Victorville, CA 92395
 (760) 245-4271

VENDOR
 Address

Req/PV # _____
 PO # _____
 Date _____

Phone/Fax _____

Requested By:				Department:	Vendor #	
Date	Miles	Qty	Unit	Description	Unit Cost	Amount
Subtotal						0.00
Tax (7.75%)						0.00
Estimated Shipping						
TOTAL						0.00

I certify that the above items purchased and/or mileage expense incurred were for school district purposes in accordance with the Education Code of California.

PAYEE/REQUESTOR'S SIGNATURE

 BUDGET ACCOUNT MANAGER DATE
 To Fiscal Services _____

ACCOUNT NUMBER(S) REQUIRED Amount
 _____ \$ _____
 _____ \$ _____