

# Professional Development Requisition

REFERENCE  
(Leave Blank)

Wenatchee Valley College

1300 Fifth Street- Wenatchee, WA 98801

Date \_\_\_\_\_

CHARGE TO **149-044-1G02**

\_\_\_\_\_  
Initials & Last 4 SID

Instructions: Type or print clearly. Forward to appropriate administrator for approval. List items with estimated price. For travel, attach travel authorization and/or travel expense voucher. For items already purchased, attach an A-19 invoice voucher. If this requisition is used to donate funds to another faculty member, include faculty member's name.

Desired Delivery Date

Item No.	DESCRIPTION	Quantity	Unit	Unit Price	Amount

Deliver to \_\_\_\_\_

Suggested Vendors: Include Address  (1) _____ (2) _____ (3) _____ (4) _____ (5) _____	By signing here, I certify that I understand that all travel and purchases of goods and services must follow District and State guidelines and requirements and are the property of Wenatchee Valley College.	APPROVAL ROUTE:	Date
		Person making request	
		Approved: (Area Administrator)	
		Approved: (Vice President)	
		Approved by President (if applicable)	
FACULTY- COMPLETE BUDGET INFORMATION BELOW		Business office verification	
Budget allotment			
Funds expended and encumbered to date			
Remaining balance available			
Extended cost of requisition			
Remaining balance or deficit			
(Approval of Dean and President required if deficit)			