

LOS ANGELES CITY COLLEGE ART MODEL VOUCHER FORM

IN ORDER TO COMPLETE THIS FORM, MODEL MUST HAVE A VENDOR ID NUMBER ISSUED BY THE DISTRICT OFFICE.

IF THE MODEL DOES NOT HAVE A VENDOR ID NUMBER **STOP**, DO NOT COMPLETE THIS FORM. THE ART DEPT. CHAIR PERSON OR DESIGNEE MUST HAVE MODEL COMPLETE THE "CREATE VENDOR FORM" & SEND WITH A COPY OF THEIR W9 TO PROCUREMENT VENDOR EMAIL ADDRESS at PROCUREMENT.VENDORMAINTENANCE@EMAIL.LACCD.EDU .

- Instructions:**
1. Please have model sign voucher form prior to modeling for each class.
 2. Ensure that all the information items requested are filled out completely and are printed legibly or check processing may be delayed.
 3. Submit signed form to LACC Purchasing Division, AD 218.
 4. Check will be issued by LACCD Accounts Payable within (7-10) working days of invoice entry by College Purchasing Division.

MODEL'S NAME: _____ **VENDOR ID NO.** _____

NEW ADDRESS?

___ **Yes**, THE ART DEPT. CHAIR PERSON OR DESIGNEE MUST HAVE MODEL COMPLETE THE "CREATE VENDOR FORM" & SEND WITH A COPY OF THEIR W9 TO PROCUREMENT VENDOR EMAIL ADDRESS at PROCUREMENT.VENDORMAINTENANCE@EMAIL.LACCD.EDU .

___ **No**, go to signature line

SIGNATURE: _____ **DATE:** _____

NOTE: CHECKS WILL BE MAILED TO THE ADDRESS LISTED ON THE DISTRICT SAP SYSTEM

TO BE COMPLETED BY INSTRUCTOR:

DATE/S MODELED: _____ **CLASS MODELED FOR:** _____

HOURS _____ **RATE** _____ **TOTAL:** _____

APPROVAL FOR PROCESSING: Instructor _____ Dept. Chairperson: _____ Date: _____

(Information on this box must be filled out by College Purchasing Division)

COST CENTER: _____ **G/L Account** _____ **P.O. REFERENCE NO:** _____