ANCILLARY REQUEST FORM

Date: **Institution: Citrus College**

Name of Student: **Semester:**

Note : Completion of this Ancillary Request Form is not a guarantee that all requested or previously purchased items will be approved. Your Gain Services Worker may determine that some of the requested items are neither reasonable nor necessary.

CLASS	SUPPLIES	COST BEFORE TAX
	SUPPLY SUBTOTAL:	**$**
****BOOK LIST ATTACHED**	**BOOK SUBTOTAL:**	**$ -**
SUBTOTAL x TAX% = TAX AMT. ($20.00 X .0875 =$1.75)	**Los Angeles County Tax 8.75%**	**$ -**
	Other Counties Tax% may be different	**$**
	Health and Student Service Fee	**$**
	PARKING FEE:	**$**
	OTHER (NO TAX):	**$**
	(-) OTHER DEPARTMENT CHARGE:	**$**
	Total GAIN CONTRIBUTION	**$ -**

CalWORKs/Education Advisor : _____