

**PETALUMA CITY SCHOOLS**  
**Request to Reimburse Revolving Fund**

School/Site: \_\_\_\_\_

Date: \_\_\_\_\_

	Vendor/Payee	ACCOUNT CODE							Date of Check	Check NUMBER	Check AMOUNT
		FD	RES	PY	GOAL	FNC	OBJ	SCH			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
									Total Reimbursement		
									Add amount shown in check register		
									Add Outstanding Amount (checks to be deposited)		
									Total Revolving Account Balance		

**INSTRUCTIONS:**

*Transactions must equal amount requested for reimbursement.*

*A receipt/backup MUST be attached in order to be reimbursed.*

*All checks are to be accounted for from previous reimbursement request to the next. Voided Checks must also be accounted for.*

Prepared By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Business Office Approval: \_\_\_\_\_

**SEND FORM TO ACCOUNTS PAYABLE FOR PROCESSING**