

**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.

W-9's are required for new vendors not in Escape.

Original receipts/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**