



SAN MATEO COUNTY  
COMMUNITY COLLEGE DISTRICT

**SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT  
REVOLVING CASH FUND REIMBURSEMENT REQUEST**

**FROM:** \_\_\_\_\_ **FOR THE PERIOD OF:** \_\_\_\_\_ **TO** \_\_\_\_\_  
**DIVISION:** \_\_\_\_\_

ITEM	DATE	ITEM PURCHASED	AMOUNT	ACCOUNT NUMBER
------	------	----------------	--------	----------------

**TOTAL**

---

SUBMITTED BY:	_____	VENDOR NO.	_____
	SIGNATURE	ACCOUNT NO.	_____
APPROVED BY:	_____	PURPOSE CODE	_____
	SIGNATURE AUTHORIZED ADMINISTRATOR	CHECK NO.	_____
Invoice #:	_____	DATE OF ISSUE	_____
		APPROVED FOR REIMBURSEMENT	_____