San Mateo County Community College District

Request for Establishment of Revolving Fund

CSM ☐ **Canada** ☐ **Skyline** ☐ **District** ☐ **KCSM** ☐

To: District Accounting Office

Fiscal Year: _____

Fund to be issued to _____ **of** _____

(Name) (Administrative Office or Instructional Division)

As custodian of this fund, in an amount of $ _____

The undersigned as custodian for this fund, agrees to comply with all rules and regulations of the District and provisions of the Education Code.

_____

(Administrative Custodian of Revolving Fund)

Approval for Establishment of Fund:

_____

(District Administrator)

Approved by:

_____

(College Administrator)

Submit in Duplicate to District Accounting Office.

District Office use only

Issued By **CK#** _____ **Dated** _____