

LOS ANGELES COMMUNITY COLLEGES

REQUESTED BY:

REVOLVING FUND REIMBURSEMENT REQUEST (MAX \$250)

ROOM No.

EXT.

DATE:

INSTRUCTIONS

- 1. Attach receipt, paid invoice, or copy of advertisement for prepayment.
- 2. Obtain signature of a Division Head.
- 3. Forward completed form (with attachments) to:

ACCOUNTING BRANCH
BUSINESS SERVICES

QUANTITY	*ITEM	UNIT PRICE	TOTAL

MAKE CHECK PAYABLE TO (PRINT PLAINLY):

Subtotal

Sales Tax

Total

(check will be sent to person requesting reimbursement -- indicated at top of form)

CERTIFICATION

I hereby CERTIFY that the item(s) listed above is/are for the use of the _____ office of the L.A. Community College District.

(Print Name)

(Signature)

*For electrical devices only.

Item passed inspection

Building and Grounds Administrator

A P P R O V A L

DEPT. CHAIRMAN:

TITLE:

VP/ADM/BUS.MGR./DIV.HEAD:

TITLE:

ACCOUNTING CODE:

____ - ____ - ____ - ____

Bus. Area Fund Fund Ctr G/L Acct

PROCEDURE 02-03
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