



**NEWPORT-MESA UNIFIED SCHOOL DISTRICT
REQUEST FOR REIMBURSEMENT FOR CASH PURCHASES
SITE REVOLVING PETTY CASH FUND**

Newport-Mesa
Unified School District

Unit Name/Site #

DATE	PURCHASER	VENDOR /PAYEE	ITEMS PURCHASED	PSEUDO ACCOUNT LINE					TOTAL COST
				Fund	Site	Function	Cost Ctr	Object	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

I certify that the expenditures requested for reimbursement have been made for services and/or materials that are legal charges against the District, and comply with current guidelines established by the Education Code and the Orange County Department of Education.

Total Receipts for Reimbursement \$ -

Cash Balance on hand _____

Date Custodian's Name Custodian's Signature

Total Authorized balance of the fund \$ _____

Note: *Original itemized receipts for cash purchases only setting forth the date, item purchased and amount expended must accompany this request.*