



# Revolving Cash Account Reimbursement Request

Date: \_\_\_\_\_

To: Accounts Payable of Fiscal Services

From: \_\_\_\_\_

Please issue a check in the amount of \$ \_\_\_\_\_ to reimburse \_\_\_\_\_ revolving cash account for the following expenses as listed below. Original itemized receipts are also attached as a backup to this request. Any voided stale-dated checks previously reimbursed, if any, are listed and netted against current expense reimbursements.

<i>Program, Account Code</i>			
<i>Date</i>	<i>Description</i>	<i>Amount</i>	<i>Check #</i>
<i>Total</i>			

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<i>Total</i>			

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name Signature

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name Signature