

LOS ANGELES COMMUNITY COLLEGES	REQUESTED BY: _____
REVOLVING FUND REIMBURSEMENT REQUEST	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	\$0.00
	Sales Tax	_____
	Total	\$0.00

(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