

LONG BEACH COMMUNITY COLLEGE DISTRICT
REVOLVING CASH FUND

DATE: _____

RCF Invoice # _____
(To be completed by Fiscal)

The sum of: _____ \$ _____
(write out the dollar amount e.g.: twenty five dollars and zero cents for \$25.00)

Department: _____
(provide department number and name)

Account String: _____
(Account - Fund - Department - Program)

Reason for Reimbursement:

Services or supplies as listed below:

Quantity	Unit	Description	Unit Price	Amount

The above listed expenses were incurred on behalf of the District, and I request reimbursement.

TOTAL: _____

MUST ATTACH SIGNED RECEIPTS TO THIS FORM USING ADOBE SIGN

Make Check Payable to: _____

Employee ID# _____

Employee Signature: _____

Fiscal Accountant Approval: _____

Budget Administrator Approval: _____

IN ORDER FOR FISCAL TO PROCESS THIS REIMBURSEMENT, THIS FORM MUST BE ROUTED THROUGH ADOBE SIGN TO OBTAIN THE APPROPRIATE SIGNATURES IN THE FOLLOWING ORDER:

- 1st Signature : Employee to be reimbursed
- 2nd Signature : Fiscal Accountant for funding source
- 3rd Signature: Requestor's Budget Administrator