



REVOLVING FUND CHECK REQUEST

Date _____

Requested by _____

Approved by _____
Department Head

Complete Section 1 below

Approved by: _____
Assistant Superintendent, Business or Designee

Please issue Revolving Fund Check in the amount of

\$ _____ to:

NAME:

ADDRESS:

CITY:

BUSINESS OFFICE USE ONLY

Check Number _____

Vendor Number _____

REVOLVING REQUEST NO. _____

Date of Check _____

Payment Number _____

Budget Classification								Amount

Section 1 - Reason for request of payment by Revolving Fund Check is as follows:

- ___ Refund for shop card
- ___ Refund for lost books
- ___ Refund for class fees
- ___ Other (Explain)