

NEW HAVEN UNIFIED SCHOOL DISTRICT
REVOLVING FUND: REQUEST FOR REIMBURSEMENT

SCHOOL/SITE: _____

DATE: _____

Reimbursement is requested for the attached receipts:

(Please list all checks in number sequence, irrespective of being voided, etc)

REVOLVING FUND AMOUNT:

ENDING CHECK REGISTER BALANCE

Add Reimbursement Requests as follows:

DATE	BUDGET CODE	CHECK #	AMOUNT

TOTAL REMIBURSEMENT REQUESTS:

TOTAL ENDING BALANCE + REIMBURSEMENT REQUESTS:

I certify that the above are official
school expenditures:

Approved for Reimbursement:

Principal/Administrator

Director of Fiscal Services

Date: _____

Date: _____

