

**RECEIPT FOR PAYMENT FROM REVOLVING CASH FUND  
CITRUS COMMUNITY COLLEGE DISTRICT**

Date \_\_\_\_\_

Quantity	Services or Supplies as listed below (itemize)	Unit Price	Amount
Vendor Name _____		Sub-Total	
Code _____		Sales Tax	
R.C.F.CK # _____		<b>TOTAL</b>	

**Department Manager's Signature** \_\_\_\_\_

Director of Fiscal Service's Signature \_\_\_\_\_  
*(required for expenditures over \$50.00)*

Please sign and return to the Cashier's Office \_\_\_\_\_

**REIMBURSEMENTS MUST BE DONE IN PERSON**

**The Department Manager must sign before the release of revolving cash funds.**

**Reimbursements for travel cannot be processed with this form. Travel must be processed through Accounts Payable.**