

## Revolving Cash Reimbursement

District/Charter: \_\_\_\_\_

Confirming Req: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_

Check Amount: \_\_\_\_\_

Check Written to: \_\_\_\_\_

Amount	Description	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Authorized Custodian Signature