

**LONG BEACH COMMUNITY COLLEGE DISTRICT**

**CASHIERS OFFICE**

**4901 East Carson Street  
LONG BEACH, CALIFORNIA 90808**

DATE \_\_\_\_\_

Received from:  
Custodian of Revolving Cash Fund  
LONG BEACH COMMUNITY COLLEGE DISTRICT

The sum of \_\_\_\_\_ \$ \_\_\_\_\_

Department \_\_\_\_\_ / Campus \_\_\_\_\_ Account No. \_\_\_\_\_

Services or supplies as listed below:

Quantity	Unit	Description	Unit Price	Amount

**SAMPLE FORM; FORM CAN BE OBTAINED FROM FISCAL**


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

	<b>TOTAL</b>	
--	--------------	--

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

Make Check Payable  
to (Please Print): \_\_\_\_\_

Payment Approved: \_\_\_\_\_

Attach Signed Receipts and submit  
completed, approved form to FISCAL  
OPERATIONS / CASHIERING.

Date  
Paid: \_\_\_\_\_ Check # \_\_\_\_\_

No. \_\_\_\_\_