

**San Diego Miramar College**  
**Revolving Cash Reimbursement Request**

Department: :	Date
Requested By:	Room Number:
Charge Account Name:	Charge Budget Number:

Issue Check To: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employee ID # \_\_\_\_\_ Supplier Fed ID # \_\_\_\_\_

**General** Maximum reimbursement is \$200. A single purchase cannot be split into several smaller payments.

**Guidelines:** Prior approval by department administrator/supervisor is required.  
Original receipt(s)/invoice(s) must be attached.  
 Please list participants when making food purchases and/or attach event flyer. (May NOT use a GFU 1110 budget)  
 Equipment **cannot** be purchased through Revolving Cash.  
 Please refer to district procedure for complete guidelines. (AP 6300.10 Revolving Cash Funds)

Description of Purchase/Service:	Sales Tax	Amount (excluding tax)
Purpose/Justification: _____	<b>Subtotals</b>	
<b>GRAND TOTAL</b>		

Date of Event:	Mail Check:	Hold Check for Pickup	Route Check to:
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Approvals		Date
Department Chair/Supervisor:		
Dean/Manager/Vice President:		
Vice President of Administrative Services	<b>President:</b>	
Check Date	Amount:	Received By: