



# Accounts Payable

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## Revolving Cash Request Form

Office Use Only:
Voucher #: _____

Employee ID #: \_\_\_\_\_ Date: \_\_\_\_\_

### Make Check Payable to:

Name:	Amount: \$
Address:	
City/State/Zip	
Description of item or service:	

### Requests must be accompanied by:

- Original Receipts
- Revolving Cash Request Detail Form
- Proof of Available Budget (Copy of ACBL)

Request Prepared by (Please Print): \_\_\_\_\_

### Approved:

Cost Center Manager	Print	Signature	Date
Senior Staff	Print	Signature	Date

### GL Code

If only using one GL code please write it here:

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If using multiple GL codes please use page 2.

**Revolving Cash Request Detail**

*This form must accompany the Revolving Cash Request*

Name:			Date:	
Date	Vendor	Description of Purchase	Amount	Budget Code
<b>Total</b>				*Include Original Receipts **Include ACBL