

BAKERSFIELD CITY SCHOOL DISTRICT

Education Center – 1300 Baker Street
Bakersfield, California 93305

Revolving Fund Request Form

Submit Request in Quadruplicate to Fiscal Services. Retain Fifth Copy.
Read Reverse Side Before Completing This Form.

Check One Of The Following Items

Advance For Conference & Travel

Advance For Other

Date of Request: _____ Amount of Advance Check: _____

Check Payable To: _____

Reason for Advance: _____

Complete This Section Only If Request Relates To Conference & Travel

Conference or Meeting: _____

Name or Names of Persons (include Employee Identification Number) Relating To This Request:

Date(s) of Conference or Meeting: _____

Location of Conference or Meeting: _____

Administrative Approval Date: _____

Account Classification: _____

Program Title: _____

Prepared by: _____ Ext. _____

Requested by

Administrative Approval

FOR FISCAL SERVICES USE ONLY

Check Number _____ Date _____ Amount _____

Received by _____ Date _____