

**SWEETWATER UNION HIGH SCHOOL DISTRICT
REVOLVING CASH FUND
RECONCILIATION & REIMBURSEMENT REQUEST SLIP**

Date _____

School Site/Department _____

APPROVED BY: _____

Principal or Department Head _____

Type of RCF Fund at Site/Department
(Please check appropriate box)

- _____ SITE ALLOCATION
- _____ ADULT
- _____ Director of Adult Ed
- _____ Site Allocation
- _____ PERSONNEL
- _____ PLANNING
- _____ ROP
- _____ SPECIAL PROJECT'S ACCT
- _____ SUPT'S OFFICE

RECONCILIATION OF RCF FUND

Cash on Hand \$ _____

Plus: Attached RCF Requests
(Form No. 4300) _____

Other Adjustments: _____

TOTAL RCF ALLOCATION \$ _____

For Budget Department Use Only

Site/Department Reimbursed: _____

Date _____

Check # _____

LIST ALL RCF REQUESTS BY REQUESTOR'S NAME:

1. _____ \$ _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____
 11. _____
 12. _____
 13. _____
 14. _____
 15. _____
 16. _____
 17. _____
 18. _____
 19. _____
 20. _____
- TOTAL OF ATTACHED RCF REQUESTS \$ _____**

Forward white and yellow copies to the Budget Department. Retain the pink copy for your records.