

Colleague Payee ID No: _____

Date: _____

The San Diego Community College District

Fiscal Year: _____

RCF VOUCHER

RCF Reimbursement No. _____

Do Not Use This Space

(Name of RCF Fund, School or Campus and Department)

Reimbursement claim for the following items which were purchased with the Revolving Cash Fund of the above-named school/dept. on behalf of the District. Original receipts attached.

Date of Purchase	Vendor Name/ Description of Item	Fund	Dtl. Fund	Cost Center	T.O.P.S./ Program	Obj. Code	RCF Check Number	Total Amount Reimbursed	1099 Y/N	Use Tax Amount

Supporting documents attached?(Y/N)	If No, where are they filed:
Go-back/Check enclosure attached?(Y/N)	<u>Special Handling /Mailing Instructions:</u>
Separate Check?(Y/N)	
Payment deadline date:	

I/We hereby certify that the above-listed merchandise and services were purchased, received and used for the District cost center and program as indicated by the budget number.

RCF Custodian: _____

Phone Number: _____

Approved by: _____

Approval Date: _____

(10 CHARACTERS) INVOICE NUMBER	ACCOUNT NUMBER					AMOUNT	1099? Y/N	USE TAX AMOUNT
	FUND	DETAIL FUND	COST CENTER	T.O.P.S./ PROGRAM	OBJECT			
TOTALS								

Distribution: Original Accounts Payable (White)
 Duplicate Accounts Payable - (Optional - Will be mailed with check if needec
 Triplicate File/Originato