REVOLVING FUND REPORT

(Check One) [ ] ASI [ ] USU

Request accepted on this form only.
Submit to A.S Business Office,
U.S.U. ROOM 220, 9:00am- 4:00pm

ACCOUNT NO._____ACCOUNT NAME_____

LINE ITEM NO._____LINE ITEM NAME_____

SPENT BY:_____DATE:_____

ADDRESS:_____

Date of Receipt	Where Purchased	Description of Purchase (Be Specific)	Amount
		Total:	

BUSINESS OFFICE USE ONLY

Bal. Master Summary:_____
Verification By:_____
Received: $_____
Signed:_____
Date:_____

AUTHORIZED SIGNATURES

Spent By:_____

_____
Authorized Student/ Representative

_____
Program Advisor/ Director

Associated Students Business Office
1212 Bellflower Blvd
Long Beach, CA 90815
(562) 985-4994