

**DAVIS JOINT UNIFIED SCHOOL DISTRICT
REVOLVING CASH**

Ref No: Inv date/No: Batch#:	
Site Vendor #	

<u>Fd</u>	<u>Bdr</u>	<u>Sch</u>	<u>Resc</u>	<u>Y</u>	<u>Goal</u>	<u>Func</u>	<u>Objt</u>	<u>Type</u>	Amount:	Date:	1099:
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Vendor #	Vendor Name:								Check #		
									Page Total	\$.

APPROVED BY BUDGET ADMINISTRATOR: _____ SCHOOL SITE/DEPARTMENT: _____
 FISCAL SERVICES APPROVAL _____

IMPORTANT: Attach original invoice or other supporting documents to this form. Payment will not be made without the original documentation.

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