

**State of California
California Public Utilities Commission
MISCELLANEOUS REVOLVING FUND REQUEST**

Date: _____

Needed by: _____

Division: _____ Unit #: _____ Amount Requested: \$ _____

Supporting document must be attached: Invoice Letter Training Authorization
 Subscription Renewal E-mail Printout Other _____

Make check payable to: _____

Mailing Address: _____

Vendor Name (if different): _____

Vendor Tax I.D.: _____

Vendor Telephone #: _____

Vendor Fax #: _____

Purpose: _____

I certify that a Revolving Fund check is necessary in order to receive the goods and/or services requested of the vendor.

 Signature of Employee Requesting Check User I.D. Telephone Number
 (Even if check is for another person)

Approval Recommended		Request Approved	
Immediate Supervisor Signature	User I.D.	BCO Signature	User I.D.

EXPENDITURE CODING (Must be completed by Division)

INDEX	OBJECT	PCA	VENDOR TAX I.D./FEIN	SUFFIX
	.		0	

Leave blank unless check will be picked up by:	FISCAL OFFICE USE ONLY
Print Name: _____ Phone: _____	Check No. _____ Check Date: _____
User I.D.	Check processed by user I.D.