

**RIALTO UNIFIED SCHOOL DISTRICT  
INVOICE AND RECEIPT FOR PAYMENT FROM REVOLVING CASH**

Ledger Receipt No. \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

Qty	Receipt for Services or Supplies as Listed Below	Unit Price	Amount
	<b>TOTAL</b>	Sales Tax	\$ _____

Purpose of expenditure: \_\_\_\_\_

Store/Vendor's name: \_\_\_\_\_

Services or supplies received by: *(Print District Employee's Name)* \_\_\_\_\_

Title \_\_\_\_\_ Acct # \_\_\_\_\_

\_\_\_\_\_  
Principal/Supervisor Signature

\_\_\_\_\_  
Employee's Signature

**B-65 (Rev. 8/07Ik) Complete in triplicate. (Keep pink copy and photo of receipts, return white and yellow to Accounting)**  
**Attach original receipts.** All reimbursements must be acceptable to the purchasing dept. and the county auditor.

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