

DEPARTMENT NAME

CHECK NUMBER

INVOICE NO: \_\_\_\_\_

## REVOLVING FUND DISBURSEMENT VOUCHER

DATE \_\_\_\_\_ \$ \_\_\_\_\_

RECEIPT OF THE ABOVE AMOUNT FOR THE PURPOSE  
INDICATED IS HEREBY ACKNOWLEDGED

STATE OF CALIFORNIA  
STD. 438 (Rev. 10/2019)

\_\_\_\_\_  
SIGNATURE

USE ONLY WHEN REQUIRED FOR CLAIM TO REIMBURSE REVOLVING FUND. PREPARE AS CARBON COPY OF CHECK.