STATE OF CALIFORNIA

REPLENISH CASH PURCHASE FUND

DGS OFS 1003 (Rev. 08/2018)

DEPARTMENT OF GENERAL SERVICES
OFFICE OF FISCAL SERVICES

SECTION A - OFFICE INFORMATION									
OFFICE NAME							BUSINESS CON	ITACT PH	ONE NUMBER
OFFICE ADDRESS					CITY		STATE		ZIP CODE
The atta	ched STD 4	439 Dist	oursement \	/oucher:	Total _\$				
The attached STD 439 Disbursement Voucher: Total \$									
Issue an Office Revolving Fund Check to:									
					(Print Custodian's Name)				
SECTIO BUSINES	N B - ACC	OUNTIN	IG CHARTE	FIELD (For Accounting	n Lise Only)	\neg			
BUSINESS UNIT VOUCHER ID (For Accounting					g Osc Offiy)				
APP REF	FUND	ENY	ACCOUNT	PROGRAM	PROJECT	ACTIVITY	REPORTING ST	RUCTURE	AMOUNT
ALL INE	TOND	LIVI	ACCOUNT	TROOKAW	TROCEOT	AOTIVITI	ILLI OKTINO OT	ROOTORE	AWOUNT
		+							
		+				+			
						-			
					-				
					TOTAL VOUCHER			CHERS	
SECTIO	N C - AUT	HORIZA	TION (I cer	tify that the	forgoing is true and	correct)			
SECTION C - AUTHORIZATION (I certify that the f					SIGNATURE				DATE
AUTHORIZED NAME (Per DGS OFS 1001)					SIGNATURE				DATE