

DEPARTMENT	DIVISION	LOCATION	DATE
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QUANTITY	ITEM	UNIT PRICE	AMOUNT

PAID BY REVOLVING FUND CHECK NUMBER:	DATE	<i>I hereby certify that the above goods and/or services were received by and necessary for use of the State of California and that quantity and quality are as indicated.</i>	SUBTOTAL
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PROGRAM/CATEGORY (CODE AND TITLE)	EMPLOYEE ▶	SALES TAX
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FUND TITLE	APPROVED ▶	TOTAL
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(OPTIONAL USE)	<i>Receipt of the total amount herein shown is hereby acknowledged.</i>	
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ITEM	NAME OF FIRM
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OBJECT OF EXPENDITURE (CODE AND TITLE)	SIGNATURE OF AUTHORIZED REPRESENTATIVE ▶
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