

REVOLVING FUND AUTHORIZATION LIST

DATE:		1			
DATE:			REVOLVING FUND #:		
DEPARTMENT		-	,		
TO:	RIVERSIDE C	RIVERSIDE COUNTY TREASURER – TAX COLLECTOR			
FROM:					
CUSTODIAN					
NAME:					
SIGNATURE:					
PHONE NUMBER:					
EMAIL ADDRESS:					
The individuals listed be	low are authorized	to cash warraı	nts for Department stated above		
NAME (PRINT)			SIGNATURE	SIGNATURE	

For Treasury Use only: Copy ACO _____ Copy Treasury ____ TTC Counter Original _____