



GROW PUBLIC SCHOOLS  
Charter Management Organization  
4800 Corporate CT, Bakersfield CA. 93311

## PEX Fund Increase Request

**Please allow 24 hours for processing to see funds on the requester's account once form has been submitted**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Last 4 digits of PEX: \_\_\_\_\_  
Reason for Increase: \_\_\_\_\_ Amount Requesting \_\_\_\_\_  
 Low Balance  
 Travel  
 Approved Purchase  
 Other

Description of Fund Request

Account Clerk Verification:

All receipts have been submitted for prior purchases   
Full Amount Approved   
Amount approved if other than amount requested \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Please note - If your site Accounting Clerk is out of office, please submit form to Elizabeth Ramos (eramos@growpublicschools.org).