

PETTY CASH REIMBURSEMENT REQUEST

(Use this form for individual reimbursements and for reimbursement to an established petty cash fund.)



EXCLUDES: Entertainment / State Motor Fleet Gasoline /
Central Stores, Printing, Copy Center, Technology Store and Post Office Services

MUST BE SUBMITTED WITHIN 30 DAYS OF PURCHASE

Amount of Purchase (**\$50.00 or less**): \$

Date of Receipt/Purchase:

Charge To: Fund (6-dig)

Account (6-dig)

Org (5-dig)

Dept:

Quantity

Item Description

Unit Price

Total

\$

Sales Tax

\$

TOTAL

\$

Explanation of Purchase(s):

Purchased by: _____ Approved by: _____ Ext. _____

Signature

Signature of Responsible Person / Title

ORIGINALS OF ALL INVOICES, REGISTER TAPES MUST BE ATTACHED.

For individual reimbursement:

Hand carry to Cashiers Office

For reimbursement of established petty cash fund:

Hand carry to Accounting (attach Petty Cash Fund Reconciliation)

To be completed at the time reimbursement is made.

Disbursed by: _____ Cash Received by: _____

Signature of Petty Cash Custodian or Cashier

Signature of Individual Being Reimbursed

For established petty cash funds, custodian is the receiver.

Amount Received: \$ _____

Date Received: _____ / _____ / _____