

PETTY CASH REIMBURSEMENT REQUEST

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

Employees are reimbursed via Check Request to Accounts Payable.

Petty Cash cannot be used for Business Entertainment, Gasoline, Printing, Copy Center, Technology Store or Postal Services.

Reimbursement Request must be submitted within 30 days of purchase.

Amount of Purchase (\$50.00 or Less) [] Date of Receipt/Purchase []

Department []

Please separate items by appropriate account number and include the sales tax in your total. Example: Food and Non-Food items do not get charged to the same account number.

Table with 4 columns: Reason for Purchase, Charge to (Fund, Org, Account), and Total. Includes a Total Purchase row at the bottom.

Purchased By: _____ Signature Approved By _____ Signature of Budget Authority Extension []

ID # [] Printed name of Approver []

Original invoices or register tapes must be attached. Hand carry to the Cashier's Office.

To be completed at the time reimbursement is made

Cashier Signature _____ Individual Reimbursed _____ Printed Name _____

Amount Received _____ Date Received _____