

PETTY CASH REIMBURSEMENT

Instructions: Complete this form to replenish a department's petty cash fund or to reimburse a department (without a petty cash fund) for expenses incurred for qualifying purchases. See the purchase limits. Attach original receipts and submit the completed form in person to Downtown campus and retain a copy for your department's records.

Please reimburse	(department name/individual payee name)	the sum of \$	from petty cash
	(department name/individual payee name)		
and charge to Account		Speed Type (Cost Center)	
Description of Purchase:			
			TOTAL = \$
Print Name _			
Authorized Signature _			
Department Name		_ Department Phone Number	
PROXY AUTHORIZATION	(optional)		
I authorize my behalf.	to pick up the co	rresponding reimbursement	from Fiscal Services on
,			
Funds Received by:			
Cashier:	Date:		