

PETTY CASH REIMBURSEMENT FORM

Amount Requested: _____ Requested By: _____

Department: _____ Date: _____

ITEMS PURCHASED

<u>Quantity</u>	<u>Description</u>	<u>Price</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Explanation of Emergency

PAYMENT CANNOT BE MADE WITHOUT THE ORIGINAL RECEIPT. RECEIPT MUST HAVE THE NAME OF THE BUSINESS PREPRINTED ON IT. PROOF OF PAYMENT MUST BE INDICATED ON RECEIPT. SALES TAX CAN NOT BE REIMBURSED.

Supervisor Approval: _____ Date: _____

Dean Approval: _____ Date: _____

BUSINESS OFFICE USE:

Budget Approval: _____ Account #: _____

Authorized by: _____ Date: _____

Chief Financial Officer