

PETTY CASH REIMBURSEMENT

_____ Date of Request:_____

Name:___

LAST NAME, FIRST NAME

This form is <u>not</u> to be used for reimbursement of non-instructional food purchases. Please refer to **Petty Cash Guidelines** for details.

DESCRIPTION	ACCOUNT NO. (REQUIRED)	AMOUNT
	TOTAL	

- Attach <u>original</u> receipts
- Total may not exceed \$50.00
- Credit card slip(s) may be used but the original receipt(s) itemizing cost(s) must also be attached
- Please refer to **Petty Cash Guidelines** for more information about reimbursements
- Disbursements are made at the Business Office in Building E, Room 108
- Petty Cash Disbursement hours are:
 - Monday Friday 8:00 a.m. until 5:00 p.m.

Approved by:

Supervisor's signature	Printed name	Date
Received by:		
Signature	Printed name	Date
Issued by:		
Signature	Date	