



## PETTY CASH REIMBURSEMENT

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

DESCRIPTION	ACCOUNT NO. (REQUIRED)	AMOUNT
	<b>TOTAL</b>	

- Attach original 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 Cashiers Office in Building B, Room 117
- Petty Cash Disbursement hours are:
  - ◆ **Monday – Friday: 8:00 a.m. - 5:00 p.m.**

***Approved by:***

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Printed name                      Date

***Received by:***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name                      Date

***Issued by:***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date