PETTY CASH REIMBURSEMENT

Name:_____________________________ Date of Request:_____________________________

LAST NAME, FIRST NAME

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

<table>
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<tr>
<th>DESCRIPTION</th>
<th>ACCOUNT NO. (REQUIRED)</th>
<th>AMOUNT</th>
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<th>TOTAL</th>
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- 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 Business Office in Building E, Room 108
- Petty Cash Disbursement hours are:
  - Monday – Friday 8:00 a.m. until 5:00 p.m.

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**Approved by:**

_________________________  ___________________________  ___________________________
Supervisor’s signature  Printed name  Date

**Received by:**

_________________________  ___________________________  ___________________________
Signature  Printed name  Date

**Issued by:**

_________________________  ___________________________
Signature  Date