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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL** |  |

* 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, Building E, Room 108**
* 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 |