SAN FRANCISCO STATE UNIVERSITY

1600 HOLLOWAY AVENUE, SAN FRANCISCO, CALIFORNIA 94132

PETTY CASH REIMBURSEMENT REQUEST

SCHOOL/DEPARTMENT | REFERENCE# | $ AMOUNT

CHART FIELD INFORMATION

ACCOUNT | FUND | DEPT ID | PROGRAM | CLASS | PROJECT

ACKNOWLEDGEMENT: I have read the back of this form and fully understand that the Cashier's Office may refuse to honor this request if the item/service purchased does not meet purchasing requirements, or if there is insufficient cash available in the petty cash fund. I further understand that I will be charged for the purchase if it is found to be invalid after reimbursement.

NAME OF REQUESTOR | SIGNATURE OF REQUESTOR | DATE

AUTHORIZATION: I certify that this is a valid University expenditure and that funds are available in the department's account to cover this purchase.

NAME OF DEAN/DEPARTMENT HEAD | SIGNATURE OF DEAN/DEPARTMENT HEAD | DATE

ITEM(S) PURCHASED

TRUST FUNDS CERTIFICATION

I certify that funds are available to cover this expenditure.

TRUST FUND ACCOUNTANT | DATE

SIGN HERE FOR CASH RECEIVED

NAME | CAMPUS EXT

TITLE

SIGNATURE | DATE

JUSTIFICATION FOR PURCHASE/S:

CASHIER VALIDATION

(Rev.7/01/2004)