



Petty Cash Form

Account to Charge:

Index: Acct:

or

Fund: Org: Acct: Prog:

Name:

Amount:

Reason or Description: _____

Department:

Contact for Inquiries: Ext:

Approving Signature* **Date**

**(Must be different than individual receiving reimbursement and picking up cash)*

*****Please note:**

- Original receipts required
- All receipts must be itemized
- \$50 Maximum
- Maximum applies per person, per day

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**\*\*For office use only\*\***

Cash Received by: \_\_\_\_\_ Date: \_\_\_\_\_