



PETTY CASH EXPENDITURE REIMBURSEMENT FORM

Department Name: \_\_\_\_\_ Date: \_\_\_\_\_

Payee Name: \_\_\_\_\_ Payee UIN#: \_\_\_\_\_

Payee Permanent Address \_\_\_\_\_

Reimbursement is requested in the amount of \$ \_\_\_\_\_ for the following expenditures. They should be charged to their adjacent budget and sub-object codes. Receipts are attached for each item listed. \*\*If seeking reimbursement for food services, attach a list of attendees and provide the purpose. If seeking reimbursement for office supplies from a vendor other than the University's contracted office supply vendor, attach an explanation. **If a department chooses to authorize use of the petty cash process, an explanation of why the PCard was not used MUST be attached to the PC-1 form.**

Brief Description**	Budget Code	Sub-Object Code	Amount

Total Amount of Reimbursement \$ \_\_\_\_\_

Approval for Payment by Budget Unit Director or Other Authorized Signer that is higher than the Payee in the organizational structure:

Person Approving Funds (please print)	Signature <i>(no initials, no stamps)</i> (IN INK)	Date
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**SIGN BELOW IF RECEIVING CASH ONLY**

I certify I received reimbursement for the above listed amounts.

Person Receiving Funds (please print)	Signature <i>(no initials, no stamps)</i> (IN INK)	Date
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Please tape the receipts and a calculator tape of the expenses to a separate sheet of plain paper in the order shown above.