



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



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

Cash Received by: _____ Date: _____