

SAN FRANCISCO STATE UNIVERSITY

1600 HOLLOWAY AVENUE, SAN FRANCISCO, CALIFORNIA 94132

PETTY CASH REIMBURSEMENT REQUEST

<u>SCHOOL/DEPARTMENT</u>	<u>REFERENCE#</u>	<u>\$</u> <u>AMOUNT</u>			
CHART FIELD INFORMATION					
<u>ACCOUNT</u>	<u>FUND</u>	<u>DEPT ID</u>	<u>PROGRAM</u>	<u>CLASS</u>	<u>PROJECT</u>
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<p>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.</p>					
<u>NAME OF REQUESTOR</u>	<u>SIGNATURE OF REQUESTOR</u>	<u>DATE</u>			
<p>AUTHORIZATION: I certify that this is a valid University expenditure and that funds are available in the department's account to cover this purchase.</p>					
<u>NAME OF DEAN/DEPARTMENT HEAD</u>	<u>SIGNATURE OF DEAN/DEPARTMENT HEAD</u>	<u>DATE</u>			

ITEM(S) PURCHASED

TRUST FUNDS CERTIFICATION	
I certify that funds are available to cover this expenditure.	
<u>TRUST FUND ACCOUNTANT</u>	<u>DATE</u>

SIGN HERE FOR CASH RECEIVED	
<u>NAME</u>	<u>CAMPUS EXT</u>
<u>TITLE</u>	
<u>SIGNATURE</u>	<u>DATE</u>

JUSTIFICATION FOR PURCHASE/S:

CASHIER VALIDATION