

Petty Cash Reimbursement

Date of Reimbursement Request

Name of Requestor

Amount Requested

Purpose of Expense

If purpose is a meeting: Attach agenda and roster of those in attendance

Account number to be charged

Departmental Signature

Date

Financial Affairs Signature

Date

*****Note*****

Itemized receipts must be attached. No sales tax will be reimbursed unless funds are taken from agency (student club).