UNIVERSITY

Petty Cash Reimbursement

Date of Purchase ___________________ Amount Paid ___________________

Name of Vendor ___________________________________________________________

Description of item(s) purchased____________________________________________

__________________________________________

Description of purpose of this purchase _______________________________________

Signature of Employee to be reimbursed _______________________________________

Printed Name of Employee to be reimbursed _________________________________

Name of Account to be charged _____________________________________________

Principal’s Approval Signature _____________________________________________

Note: Please tape your receipt(s) to separate white sheet of 8 ½” x 11” papers. The tape should not cover the amounts on the itemized receipts since it tends to fade the ink which may make it harder to read once the document is imaged. Thanks