

Petty Cash Slip

For reimbursement up to but not above \$50.00

Check here if this is an advance-Receipt must be returned within 24 hours

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Department:_____GL Account Number:_____Amount:_____

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(MUST be in a 13 digit format #-###-#####-####)

Purpose of the money:_____

(Meal, supplies, hall program, gift, mileage, theater tickets, etc...)

Reimbursement

Meal: list the purpose of the meal _____

AND the full names of all persons attending _____

OR the class name, section and instructor:_____

(Use the back of the paper or attach an additional sheet if necessary)

Mileage: List starting and ending location; purpose of the trip; total miles traveled

Class supplies: _____

List the course section and name:_____

Signature of Budget Authority for this account

Signature of person actually receiving the money

Printed Name: _____

Printed Name: _____

Business Office Approval_____

Date_____