

**Please use these helpful tips when completing your form:**

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Total can not exceed \$50.00 (without tax)

Original **itemized** receipts must be attached

Shipping charges cannot be included for petty cash reimbursement

Complete CFS Chartstring information – Account, Fund, Department ID, and Class (if applicable)

Correct fund must be used for reimbursement

Approver needs direct pay authorization for this department

Business Hospitality Expense must include: [\(Business Hospitality Expense Procedures\)](#)

- Statement of Justification
- List of invitees

Gift Card- Gift Card Approval form must be attached: [\(Gift Card Pre-Approval Form\)](#)

*Examples of Restricted Items:*

- Alcohol
- Printing
- Rubber stamps
- Postage stamps
- Textbooks
- Shipping
- Travel expenses
- Toner cartridges
- Communication devices



## Petty Cash Reimbursement

Employee/Purchaser

Department

Date

Department Contact & Phone Number

Quantity	Item	Unit Price	Amount

Please Note: **Original Receipt(s)** must be attached.

Yes No **Gift Card?** (Gift Card Approval form must be attached)

Yes No **Business Hospitality Expense?** (see Policy PM 01-03)

If Yes, the following Information is required:

- Gift Card: Gift Card Approval Form
- Business Hospitality Expense: Statement of Justification and List of Attendees

**Alcohol cannot be reimbursed by petty cash**

**Complete CFS ChartString**

Account	Fund	Dept. ID	Class

Employee & Approver:

I hereby certify that the above goods and/or services were received by and necessary for use of Sacramento State and that quantity and quality are as indicated.

**Sub Total**

**Tax (if not included)**

**Total**

**\*\*Funds can only be reimbursed to employee below\*\***

Employee \_\_\_\_\_  
Original Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_  
Original Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Approver

### TO BE USED BY BURSAR'S OFFICE TO ACKNOWLEDGE REIMBURSEMENT

*Reimbursement of the total amount herein shown is hereby acknowledged:*

Employee OneCard Verified

Cashier Signature \_\_\_\_\_  
Date \_\_\_\_\_

*Receipt of the total amount is hereby acknowledged:*

Employee Signature \_\_\_\_\_  
Date \_\_\_\_\_