PETTY CASH VOUCHER

PAYEE NAME _____
(Printed)

_____ _____ _____
Chart field Account Fund Department

Explanation of Expenditure:_____
_____
_____
_____
_____

INSTRUCTIONS

FORM MUST BE COMPLETED IN FULL
ONE REIMBURSEMENT PER DAY PER ACCOUNT. REIMBURSEMENT LIMIT $100.00
RECEIPTS MUST BE ATTACHED TO THE PETTY CASH VOUCHER.
REIMBURSEMENT:
5151 State University Dr. GE 314
RECEIPTS TO BE VERIFIED BY CUSTODIAN

Recipient Signature

I certify that the expenses incurred are for bona fide business purposes, and the information provided is true and accurate. I certify that the expenditures benefit the educational mission of the CSU as defined by the respective statutes, Board of Trustees policies, campus policy, and UAS policy, and that all items are for official business and include no personal expense.

RECIPIENT SIGNATURE _____

TO BE COMPLETED BY CUSTODIAN

SUPERVISOR'S NAME _____

AMOUNT $ _____

CUSTODIAN INITIAL _____

SUPERVISOR'S SIGNATURE_____

**RECIPIENT'S SUPERVISOR MUST SIGN FOR REIMBURSEMENT*

Account Authorized Signer: _____ DATE: _____