



REQUEST FOR REIMBURSEMENT OF PETTY CASH FUND

VENDOR NUMBER

VOUCHER NUMBER

(PLEASE PRINT IN INK OR TYPE THIS FORM)

DEPARTMENT REF. NUMBER

Page _____ of _____

*NOTE: SHADED AREAS ARE FOR THE COMPTRROLLER'S OFFICE ONLY

ISSUE CHECK TO

NAME		
DEPARTMENT NAME/GROUP NAME		
BUILDING NAME/STREET ADDRESS/MAIL BOX NUMBER		
CITY	STATE	ZIP

FAC EX

	DATE	RECEIPT NUMBER	DESCRIPTION	ACCOUNT NUMBER	AMOUNT
1					
2					
3					
4					
5					
6					
7					
8					
TOTAL AMOUNT OF DETAIL THIS PAGE					

INSTRUCTIONS: THIS FORM IS TO BE USED IN REQUESTING REIMBURSEMENT OF EXPENDITURES FROM AN ESTABLISHED PETTY CASH FUND.

- Using the information on the petty cash receipts, list the date, receipt number, description, account number, and amount in the spaces provided in the upper portion of the form.
- Summarize and group this information by account number and amount in the spaces provided in the Distribution Summary. Note: the information provided in the Distribution Summary will appear on the monthly reports.
- The total of the detail listing of petty cash receipts should agree to the Total Reimbursement Requested as recorded in the Distribution Summary.
- The "Total Reimbursement Requested," together with the amount of "Cash on Hand" should equal the total balance of the Petty Cash Fund.
- The request should be signed by the custodian and approved with an authorized signature for the accounts charged and payroll number.
- If more than one form is required, attach additional forms noting how many pages were used in the upper right-hand corner.
- Forward the original of this form together with the supporting receipts, to the Office of the Comptroller. The duplicate copy is retained by the department.
- After an audit has been performed at the Comptroller's Office, a replenishment check will be issued.
- Once the department receives a replenishment check, the check stub should be attached to the department's copy of the Reimbursement Request. This allows the department to have a record of the voucher number and check number which could be traced to the monthly reports.

	ACCOUNT NUMBER	AMOUNT
1		
2		
3		
4		
5		
6		
	TOTAL REIMBURSEMENT REQUESTED	
	TOTAL CASH ON HAND	
	TOTAL PETTY CASH FUND	

TOTAL OF DISTRIBUTIONS IN THIS SUMMARY

AUDITED BY:	DATE:
APPROVED BY:	DATE:

REQUESTED BY: NAME	PHONE	DEPARTMENT NAME	DATE
AUTHORIZED BY: NAME (TYPE OR PRINT)	DATE	PAYROLL NUMBER	AUTHORIZED BY: SIGNATURE

COMPTRROLLER