

Petty Cash Reimbursement Form

****Original Receipts (with store name, date of purchase, amount and items purchased) should be taped on a *separate 8 1/2 x 11 sheet of paper*. Attach to this form with a paper clip ---- *no staples please!*****

Name: _____ Amount to be reimbursed: _____

What was purchased: _____

Business Purpose: _____

Account Code: _____ Dept. _____

Signature of Approval (such as Supervisor): _____ / _____

(Printed Name of Approver)

Petty cash fund expenditures must be less than **\$20**. Any expenditure of an amount larger than **\$20** must be submitted via a Direct Pay Form to Accounts Payable (A/P) at the DSC. Petty Cash Reimbursements will be made bi-weekly corresponding with A/P pay dates. Accumulated requests during the pay period in excess of **\$20** will be forwarded to A/P. Whenever possible, items should be purchased through the use of the purchasing ordering system rather than through petty cash. Payments from petty cash are generally made only for occasional and low value items. No claim for salary or personal expenses of a District employee may be made from such fund. **No reimbursement for sales tax.**

This form must be approved in advance by an appropriate, authorized individual, such as the supervisor of the person to be reimbursed, prior to the cash being distributed by the Petty Cash Custodian. The person requesting reimbursement must present the receipt for the item(s) authorized to the Petty Cash Custodian. The Petty Cash Custodian will review and approve the petty cash reimbursement.

Received by _____ Disbursed by _____ Date _____

Revised 6/27/2014; Reviewed 6/27/2014

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