



Department Reference: _____

Date: _____

| Vendor | Description of Purchase | Budget # | Fund # | Object Class | Cost Center | Amount |
|--------|-------------------------|----------|--------|--------------|-------------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Employee who made purchases: I have been reimbursed for the purchases indicated above. I understand that this reimbursement is subject to final approval via the Special Request for Check (SRFC) used to replenish this petty cash fund.

Total Reimbursement:

| |
|----|
| \$ |
|----|

Print Name: _____

Signature: _____

Date: _____

Budget Administrator: The purchases for which reimbursement has been made are in compliance with University policy. This reimbursement is subject to final approval via the Special Request for Check (SRFC) used to replenish this petty cash fund.

Signature: _____

Date: _____

Attach Receipts within this area (use tape). If additional space is needed, attach receipt(s) by stapling to the back (one staple, upper left hand corner)