PETTY CASH EXPENDITURE REIMBURSEMENT FORM

Department Name: ___________________ Date: __________________________

Payee Name: ______________________ Payee UIN#: ___________________

Payee Permanent Address _______________________________________________

Reimbursement is requested in the amount of $ _______ for the following expenditures. They should be charged to their adjacent budget and sub-object codes. Receipts are attached for each item listed. **If seeking reimbursement for food services, attach a list of attendees and provide the purpose. If seeking reimbursement for office supplies from a vendor other than the University’s contracted office supply vendor, attach an explanation. If a department chooses to authorize use of the petty cash process, an explanation of why the PCard was not used MUST be attached to the PC-1 form.

<table>
<thead>
<tr>
<th>Brief Description**</th>
<th>Budget Code</th>
<th>Sub-Object Code</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Amount of Reimbursement $ ___________________

Approval for Payment by Budget Unit Director or Other Authorized Signer that is higher than the Payee in the organizational structure:

Person Approving Funds (please print) | Signature *(no initials, no stamps)* (IN INK) | Date
-------------------------------------|------------------------------------------------|---

SIGN BELOW IF RECEIVING CASH ONLY
I certify I received reimbursement for the above listed amounts.

Person Receiving Funds (please print) | Signature *(no initials, no stamps)* (IN INK) | Date
-------------------------------------|------------------------------------------------|---

Please tape the receipts and a calculator tape of the expenses to a separate sheet of plain paper in the order shown above.