Petty Cash Reimbursement Form

|  |  |  |  |
| --- | --- | --- | --- |
| Amount of Reimbursement | $ | Reimburse To: |  |
|  | | | |
| Description of Expense |  | | |
|  | | | |
| Budget Code To Be Charged |  | | |
|  | | | |
| Budget Auth./ Supervisor Signature | |  |  | | --- | --- | | Date |  | | | |

Original receipts only. No personal purchases included on receipts.