Petty Cash Reimbursement Form

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

|  |  |
| --- | --- |
| Date |  |

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Original receipts only. No personal purchases included on receipts.