RICE UNIVERSITY
Cashier's Office

# Petty Cash Voucher

## Section 1: Department Information

Department Name:_____ Date: _____

Requestor Name:_____

Phone: _____ Mail Stop: _____ E-Mail: _____

## Section 2: Reimbursement Details

| Date | Description of Expensed Items | Amount |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | **Total** | $ 0.00 |

| Account String (COA or Project) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Entity** | **Organization** | **Fund Type** | **Fund Source** | **Account** | **Classification** | **Program** | **Activity** | **Location** | **Future Use** | **Amount** |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Project | Org | Expenditure Type | Task | Award | Funding Source | Amount |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | **Total** | | $ 0.00 |

## Section 3: Authorization

_____ _____ _____

Approver Name *(Print)* Signature Date

## Cash Funded

_____ _____ _____

Employee/Student Name *(Print)* Signature *(Upon receipt of reimbursement)* Date

_____ _____

Employee/Student ID Number Amount

V20220517.1

Print Form Reset Form