



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		

Account String	Amount
Total	

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 _____