

# PETTY CASH VOUCHER

PAYEE NAME \_\_\_\_\_  
(Printed)

Chart field          Account          Fund          Department

Explanation of Expenditure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INSTRUCTIONS

FORM MUST BE COMPLETED IN FULL  
ONE REIMBURSEMENT PER DAY PER  
ACCOUNT. REIMBURSEMENT LIMIT \$100.00  
RECEIPTS MUST BE ATTACHED TO THE  
PETTY CASH VOUCHER.  
REIMBURSEMENT:  
5151 State University Dr. GE 314  
RECEIPTS TO BE VERIFIED BY CUSTODIAN

## Recipient Signature

I certify that the expenses incurred are for bona fide business purposes, and the information provided is true and accurate. I certify that the expenditures benefit the educational mission of the CSU as defined by the respective statutes, Board of Trustees policies, campus policy, and UAS policy, and that all items are for official business and include no personal expense.

RECIPIENT SIGNATURE \_\_\_\_\_

## TO BE COMPLETED BY CUSTODIAN

SUPERVISOR'S NAME \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_

CUSTODIAN INITIAL \_\_\_\_\_

*\*RECIPIENT'S SUPERVISOR MUST SIGN FOR REIMBURSEMENT*

Account Authorized Signer: \_\_\_\_\_

DATE: \_\_\_\_\_