

REQUEST FOR REIMBURSEMENT OF PETTY CASH

_____ *Date*

_____ Requests reimbursement of their petty cash.
Name of School, Department or Program

Receipts reimburse amount \$ _____

Cash remaining on site \$ _____

Total Fund \$ _____

Reimbursement check payable to _____
Name of Petty Cash Custodian (Print)

Signature of Site/Dept Administrator or Program Manager

Guidelines For Reimbursement:

Please...

- ✓ Attach all receipts to an 8 ½ x 11 piece of paper. DO NOT fold, tear, cut or alter receipts. Dates, vendor names, prices, etc. have to be seen.
- ✓ Itemize each receipt next to the price if not using the total amount of the receipt. DO NOT use markers to highlight amounts.
- ✓ Indicate the budget code on each receipt according to FCUSD Chart of Accounts. Items coded to object code 4325 MUST HAVE a copy of meeting agenda included with receipt.
- ✓ The signature of the site/dept administrator or program manager is required.

Submit to Accounts Payable Office