

COMPLETING PETTY CASH FORM

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| (1) Date | Today's date |
| (2) Employee/Student Name | Person claiming reimbursement |
| (3) SS# | Claimant social security # |
| (4) Dept. Contact Person | Person handling reimbursement form |
| (5) Phone | Person handling reimbursement form telephone # |
| (6) Authorization | Person acting on behalf of claimant (must be handwritten or typed) |
| (7) Signature | Signature of claimant authorizing |
| (8) Description | Item bought |
| (9) Total | Amount for item(s) |
| (10) Total Amount | Total amount of all line items |
| (11) Cash Received By | Person receiving cash (signed after getting cash) |
| (12) Date | Date received cash |
| (13) Account Manager Approval | Signature of responsible person on account* |
| (14) Date | Date Account Manager approves |
| (15) Printed Name | Printed name of responsible person on account. |
| (16) Account Name | FAMIS Account name |
| (17) Account # | FAMIS Account number |
| (18) Object Code | FAMIS Object code |
| (19) Amount | Amount for the account and object code |
| (20) Total Amount | Total amount of all accounts must agree to #10 |

*Petty cash cannot be approved by the same person as the claimant. If claimant is the Account Manager then their Supervisor must sign the form.