PETTY CASH REIMBURSEMENT

Texas A&M University-Corpus Christi
Business Office
6300 Ocean Drive
Corpus Christi, Texas 78412
361-825-5774

DATE ___________________  REQ. NO ___________________

EMPLOYEE/STUDENT NAME ____________________ (2)

(3)

SS# __________________________________________

DEPT. CONTACT (4) Person ____________________ Phone (5) __________

I authorize ________________________ (6) to receive my reimbursement.

_________________________ (7) Signature

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Total</th>
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<tbody>
<tr>
<td>(8)</td>
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Total Amount ______________________ (10)

Cash received by: ____________________ (11) Date __________ (12)

*Business meals require attendee names and purpose.

ACCOUNT MANAGER ____________________ (13) Date __________ (14)

APPROVAL ___________________________ Date __________ (15)

PRINTED NAME ________________________ (16)

Account Manager Certifies that the requested expenditure(s) are in compliance with Federal, State and University regulations and sufficient budget is available in the account. These purchases are exempt from State & City Sales Taxes under Chapter 20, Title 122A, Revised Civil Statutes of Texas.

Coding Area:

<table>
<thead>
<tr>
<th>Account Name</th>
<th>Account #</th>
<th>Object Code</th>
<th>Amount</th>
</tr>
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<tbody>
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<td>(18)</td>
<td>(19)</td>
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Total Amount ______________________ (20)

DISTRIBUTION: Original - for A/P; Yellow copy - for Accounting; Pink copy - for Bursar; Gold copy - for Department
# COMPLETING PETTY CASH FORM

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.*