

# PETTY CASH REIMBURSEMENT

**\*\*\*CANNOT BE GREATER THAN \$100\*\*\***

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

DATE \_\_\_\_\_ REQ. NO. \_\_\_\_\_  
 EMPLOYEE/STUDENT NAME \_\_\_\_\_  
 SS# \_\_\_\_\_  
 DEPT. CONTACT \_\_\_\_\_  
 PERSON \_\_\_\_\_ Phone \_\_\_\_\_  
 I authorize \_\_\_\_\_ to receive my reimbursement.  
 Signature \_\_\_\_\_

| Item No. | Description | Total |
|----------|-------------|-------|
|          |             |       |

**Total Amount** \_\_\_\_\_ -

Cash received by: \_\_\_\_\_ Date \_\_\_\_\_

\*Business meals require attendee names and purpose.

ACCOUNT MANAGER \_\_\_\_\_

APPROVAL \_\_\_\_\_ Date \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

*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:

| Account Name | Account # | Object Code | Amount |
|--------------|-----------|-------------|--------|
| 1.           |           |             |        |
| 2.           |           |             |        |
| 3.           |           |             |        |
| 4.           |           |             |        |
| 5.           |           |             |        |

**Total Amount** \_\_\_\_\_ -

DISTRIBUTION: Original - for A/P; Yellow copy - for Accounting;  
 Pink copy - for Bursar; Gold copy - for Department