

LOCAL
DEPARTMENTAL PETTY CASH FUND
DISBURSEMENT REQUEST SUMMARY

DATE: _____

TO: Accounts Payable Department

FROM: _____
Petty Cash Custodian's Name (TYPE NAME, THEN SIGN-

SSN: _____
Petty Cash Custodian's University Identification Number (UIN)

SUBJ: Petty Cash Fund Reimbursement for Local Expenditures

Please reimburse my department's petty cash fund according to the LOCAL funds (Ledgers 2XXXX, 4XXXX, 6XXXX, 8XXXX and AXXXX) expenditure summary listed below:

<u>Budget Code</u>	<u>Sub-Object</u>	<u>Amount</u>

Subtotal from Attached
Continuation Sheet (PC-3A) _____
Total \$ _____

I have attached expenditure reimbursement forms with the proper receipts and authorizations for all items listed above. The Petty Cash Fund Reimbursement Reconciliation form is also attached.

I have reviewed this reimbursement for accuracy and completeness. All of the documentation appears to be proper.

Signature of Reviewer of Reimbursement