Petty Cash Reimbursement
REQUEST FORM

Department Request: ___________________________ Date: ___________________________

Date Required: ___________________________ □ Will pick up at Business Office

Description/Purpose:

<table>
<thead>
<tr>
<th>13 Digit Acct. No. xx-x-xxxxxx-xxxx</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total $0.00

Print Name of Originator ___________________________ Signature ___________________________ Date _______

Department ___________________________ Phone Ext. ___________________________

Supervisor Approval (Print Name) * ___________________________ Signature ___________________________ Date _______

Business Office Approval ___________________________ Date _______

*Supervisor means the person to whom you directly report or the Senior Officer/Designee to whom your office reports. For grants, the Principal Investigator must sign here.
Attach all original receipts & pertinent documentation. Make sure that receipts total amount requested.