		P	etty Cash v	oucher		
	\$25.00 Max	rimum Limit		Original Receipt Required		
		Re	eimbursement In	<u> </u>		
Date						
Submitted:						
Payable To:				ID Number:		
Description						
of Purchase:						
or ruichase.						
REQUIR	ED: Speed Type or	· Fund+Dept	+Program			
	Speed Type or			REQUIRED		
Fund	Department	Program		Account	Amount	
3 digits	4 digits		5 digits	6 digits	\$	
3			Ü	5		
Project (Only for Grants & Capital)						
Operating Unit (Only for endowments)						
\$	25.00 Maximum P	etty Cash L	imit	Total:	\$	-
Department Head Approval			Person Receiving Reimbursement		Cashier Initials	
					1	
Signature			Signature			
0.5			0.6		1	
Print Name			Print Name			5/14ks
						3/ 2 1113