

CASH FUND ESTABLISHMENT / REIMBURSEMENT

Shaded GRAY Areas for AP Use Only / YELLOW FIELDS - DATA ENTERABLE

Prepared by: _____ Date: _____

(Please staple original receipts to top left corner.)

DEPARTMENTAL APPROVAL	
_____	_____
Authorized Signature	Date

Printed Name	

VENDOR NUMBER: _____

Custodian: _____		Phone Number: _____
Address Code/Seq: _____	Address: _____	Department: _____
City: _____	State: _____	Zip Code: _____

ESTABLISH

Assistant Controller Approval

Funds to be Charged: _____

Justification: _____

Certification: I understand that: (a) I am personally responsible for the advance of petty cash funds; (b) I will return the funds to the Cashier's Office upon request or if I am no longer employed by the University or same department; (c) I will not commingle petty cash funds with personal funds; (d) my petty cash fund is subject to audit without prior notice; (e) I agree to adhere to the University's petty cash policies as per the Policies & Procedures Manual; and (f) I agree the advance may be deducted from my payroll check or retirement if not repaid upon request.

Signature of Custodian

Document #:	Invoice Date:	Transaction Date:	Bank	CM	Due Date:	1099 Tax ID:
_____	_____	_____	_____	_____	_____	_____

Vendor Invoice #:	Commodity/Description	COA	Index/Fund	Acct	Amount
_____	CASH ADVN	G	146002	500101	_____

REIMBURSEMENT

(Reimbursements must be filed at least monthly)

Document #:	Invoice Date: (MMDDCCYY)	Transaction Date:	Bank	CM	Due Date:	1099 Tax ID:
_____	_____	_____	_____	_____	_____	_____

Vendor Invoice #:	Commodity/Description	COA	Index/Fund	Acct	Amount
_____		G			

Return to Accounts Payable, 270 Mossman Building

TOTAL: _____