PETTY CASH REIMBURSEMENT RECEIPT

$100.00 Limit Per Purchase

Receipts older than 14 days will not be reimbursed on this form. Use a Claim voucher.

Vendor:_________________________ Date:__________

Description of purchased items and intended use:
____________________________________________________________________________________
____________________________________________________________________________________

Purchased by:__________________ Amount: $______________

Departmental approval required before reimbursement (stamped signatures not acceptable)

Department:____________________ Index Code:__________

Approved by:__________________ Acct/Expense Code:__________

Activity Code:__________

The department budget will be charged at the time this form and accompanying receipts are presented to the cashier.

For Student Accounts

Amount: $___________

Reimbursed: $___________

Cashier:__________________

Receipt #:__________________

The above purchase was for official University of Idaho purposes, and I have received, in cash, the amount shown above.

_________________________________________ Date__________________

Signature of Purchaser