## **PETTY CASH REIMBURSEMENT**



Date:	Employee:Del			ot./Program:		
DATE	VENDOR NAME	ITEM DESCRIPTION/BUSINES	S PURPOSE	AMOUNT	ACCOUNT NUMBER(s)	
					-	_
					-	_
					_	_
					_	
		TOTAL REIMBURSEMEN	T DECLIEST	\$	_	_
NOTE: Petty cash reimbursement will only be made for receipts that are dated within 10 business days of the time the form is submitted to the Petty Cash Custodian. In addition, the Petty Cash Custodian is only authorized to issue an amount up to \$50.00 from the petty cash fund unless either the Finance Manager or Director of General Accounting authorizes an exception for the higher amount. Employees are encouraged to utilize the Tribe's standard Purchase Orders and other purchasing procedures whenever possible, especially for vendors with whom accounts have been established.  I hereby certify that I purchased the item(s) listed above for use during the course of my employment, and that no personal items are included in this request for reimbursement. I have attached original receipts for the goods being acquired, and I hereby acknowledge receipt of reimbursement funds from the Petty Cash Custodian or authorize (please print name) to receive my funds.						
Employee	D	ate Supervisor/ Project Leader	 Date	Responsib	le Accountant	 Date
Received by (if not Employee) Date				Petty Cash Custodian Date		Date
	•	seeking Finance department it and obtain the additional sig			-	
		Finance Department Approva	  I	Date		