

PETTY CASH REIMBURSEMENT



Date: _____ Employee: _____ Dept. /Program: _____

DATE	VENDOR NAME	ITEM DESCRIPTION/BUSINESS PURPOSE	AMOUNT	ACCOUNT NUMBER(s)
				- -
				- -
				- -
				- -
TOTAL REIMBURSEMENT REQUEST				

NOTE: Petty cash reimbursement will only be made for original itemized 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	Date	Supervisor/ Project Leader	Date	Responsible Accountant	Date
Received by (if not Employee)	Date			Petty Cash Custodian	Date

NOTE: If over \$50.00, prior to seeking Finance department approval, please include written justification for the need to exceed the policy limit and obtain the additional signature below: _____

Finance Department Approval

Date