PETTY CASH REIMBURSEMENT



Date:	Employe	e:De	Dept. /Program:		
DATE	VENDOR NAME	ITEM DESCRIPTION/BUSINESS PURPOSE	AMOUNT	ACCOUNT NUMBER(s)	
		TOTAL REIMBURSEMENT REQUEST	\$		
NOTE: Pe	tty cash reimburse	ment will only be made for <u>original itemize</u>	ed receipts t	hat are <u>dated within 10</u>	
<u>business d</u>	lays of the time the	form is submitted to the Petty Cash Custo	dian.	In addition, the Petty Cash	
<u>Custodian</u>	is only authorized	I to issue an amount up to \$50.00 from	the petty of	ash fund unless either the	
Finance M	lanager or Director	of General Accounting authorizes an exce	ption for the	higher amount. Employees	
are encouraged to utilize the Tribe's standard Purchase Orders and other purchasing procedures whenever					
possible, e	specially for vendo	rs with whom accounts have been establish	ed.		
being acqu	uired, and I hereby	n this request for reimbursement. I have acknowledge receipt of reimbursement f	unds from t	he Petty Cash Custodian or	
Employee	D	ate Supervisor/ Date	 Respons	ible Accountant Date	
. ,		Project Leader	•		
Received by (if not Employee) Date				Custodian Date	
		seeking Finance department approval, pleat and obtain the additional signature below		•	
		Finance Department Approval	Date		