

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.

Signature of Purchaser

Date _____