

BARNARD COLLEGE PETTY CASH REIMBURSEMENT REQUEST

Payee/Custodian _____

Department Name _____

Petty Cash Advance	\$
Less Cash on Hand as of _____ (date)	\$
Expenses	\$ (A)

PLEASE ATTACH ORIGINAL RECEIPTS FOR EACH EXPENDITURE

Expenses to be charged as follows:

FUND xx	FUNCTION-UNIT-PROGRAM xx-xxxx-xxxxxx	OBJECT CODE xxxxxx	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total Expenses: <i>(should be the same as (A) above)</i>			\$

_____ Check here if requesting reimbursement and submit to Accounts Payable.

_____ Check here if closing and return final request to Finance Office.

(Final Overage Reimbursement \$ _____)

Please check one only: _____ Hold at Window _____ Return to Department

Approved by (sign) _____ Date _____
(employee authorized to approve expenditures)

Finance Office Approval _____ Date _____

Voucher No. _____ J.E. No. _____ A.R. No. _____
