

# 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
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total Expenses:</b> <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. _____
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