

**UNIVERSITY OF PENNSYLVANIA
OFFICE OF THE COMPTROLLER
REQUEST FOR REIMBURSEMENT OF PETTY CASH FUND**

6 DIGIT VENDOR NUMBER:

NAME OF CUSTODIAN: _____
LAST FIRST

PETTY CASH ACCOUNT NUMBER: _____
CNAC(3) ORG(4) BC(1) FUND(6) OBJ(4) PROG(4) CREF(4)

AMOUNT OF PETTY CASH FUND: \$ _____ DATE: _____

Expenditures, as indicated below and evidenced by the attached documentation, have been made out of the petty cash fund maintained by me and reimbursement in the amount of \$ _____ is requested. The attached documentation of all expenditure

Please make sure that the dollar amounts listed in the AMOUNT column (under expenditures) total to the figure recorded below as Total Expenditures.

Total Expenditures _____

Cash on Hand _____

Amount of Fund _____

Line #	26 DIGIT-ACCOUNT NUMBER(# of digits in category)							AMOUNT
	CNAC(3)	ORG(4)	BC(1)	FUND(6)	OBJ(4)	PROG(4)	CREF(4)	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
TOTAL AMOUNT:								

APPROVALS SECTION			
SIGNATURE OF TRANSACTION AUTHORIZATION CARD (TAC) HOLDER		SIGNATURE OF CUSTODIAN	
EMBOSSED IDENTIFICATION		TYPE NAME OF TRANSACTION AUTHORIZATION CARD (TAC) HOLDER	
		SIGNATURE OF PAYEE	
		TYPE NAME OF PAYEE	
		PAYEE(TO BE SIGNED AT CASHIER'S WINDOW)	
DEPARTMENT NAME	DEPARTMENT ADDRESS	MAIL CODE	TELEPHONE
TAC HOLDER RESPONSIBILITIES- SIGNATURE OF THE TAC HOLDER INDICATES THAT THIS PAYMENT REQUEST IS IN COMPLIANCE WITH UNIVERSITY POLICY, IS AUTHORIZED FOR THE ACCOUNT BEING CHARGED, AND IS ACCURATE AND COMPLETE WITH REGARDS TO THE 26 DIGIT ACCOUNT CODE AND REQUIRED DOCUMENTATION.			