University of Pittsburgh

PROCEDURE 05-06-06

PETTY CASH REIMBURSEMENT REQUEST

● Do not complete Shaded Areas ● Please Type or Print Clearly ●

AMOUNT OF FUND (1)	FUNDS ON HAND (2)	AMOUNT OF THIS REQUEST (3)	REQUEST NO. (4)	FILING NO (2–8)

NAME OF PETTY CASH CUSTODIAN (5) (15) | SITE ID (6) | PHONE (7) (39)

SCHOOL/DEPARTMENT (8) (40) | E-MAIL (9) (80)

ADDRESS (10) (15–44)

CITY (11) (45–57) | STATE (58–59) | ZIP CODE (60–64)

DUE DATE (16–23)

	ACCOUNT NUMBER (12)	DATE (Month/Day/Year) (13)	DESCRIPTION (Limit to 20 Characters) (14)	AMOUNT (15)
1				
2				
3				
4				
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I certify all items listed above have been paid in full to those whose receipts are attached, and that I am entitled to reimbursement.

SIGNATURE (16) | REQUEST DATE (17)

TOTAL (18)

FORM 0047 (8/03)

DISTRIBUTION: White---Payment Processing Pink---Petty Cash Custodian

PAGE (19) ___ OF ___

EXHIBIT C
PROCEDURE 05-06-06
APRIL 2005