



# PETTY CASH FUND REQUEST

Date: \_\_\_\_\_

To: A.S. TICKET OFFICE

Payee: \_\_\_\_\_ Phone: \_\_\_\_\_

Dept./Organization: \_\_\_\_\_

Account #	Amount: \$
Account #	Amount: \$
Account #	Amount: \$
TOTAL AMOUNT: \$	

## REIMBURSEMENT SUMMARY

This money was used for:	Amount:

I certify that I purchased these items for an Associated Students related program and request reimbursement.

\_\_\_\_\_  
Payee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized/Advisor Signature

\_\_\_\_\_  
Accounting Office Signature

**NOTE:**  
Accounting Office must approve request prior to submitting to A.S. Ticket Office for reimbursement.