

# Petty Cash Reimbursement Request

*(Maximum of \$10.00)*

Date of Request \_\_\_\_\_ Amount \$ \_\_\_\_\_

Person Requesting Reimbursement \_\_\_\_\_

Item(s) for reimbursement \_\_\_\_\_  
\_\_\_\_\_

Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Please note that sales tax cannot be reimbursed, exception is meal reimbursement. Submit this form with original receipt of purchase to Jill Kendall in the Business Office. Please allow a few days for reimbursement to follow.