



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

# PETTY CASH VOUCHER

**Instructions:** This form is to be used for reimbursement of expenses up to \$100.00 only. For reimbursement of expense over \$100.00, an expense report must be submitted directly to Accounts Payable.

Submit completed form along with original receipts to the University Cashier for reimbursement. For reimbursement of business meals and entertainment expenses, please attach the required documentation on a separate sheet. To receive reimbursement, you must sign this form in the presence of the University Cashier and present a valid USF id.

### Expense Information

Fund	Organization	Account	Program	Activity	Location
920030	231001		9500		

Date of Expense

Amount of Expense

Reason for Expense: Business Purpose Substantiation

EVENT NAME & DATE:  
PURPOSE:  
# OF ATTENDANCE:

### Payee Information

### Budget Manager Information

Payee Name (Last/First) Please Print

Name (Last/First) Please Print

GAYDEN, CARL

Department

BPS

Title

ASSISTANT DEAN FOR FINANCE AND ADMINISTRATION

Phone

Phone

EXT 2505

Payee Signature

Date

X

Budget Manager Signature

Date

X

\* **EMAIL:**

### Pick-up Authorization

**Note:** If the payee is unable to pick-up the reimbursement in person, provide the information of the person authorize to receive on the payee's behalf.

Name of Person authorized to receive reimbursement (Last/First)

Title

Phone

By signing below, I acknowledge receipt of the reimbursement amount stated above

X

Signature

Date Received

### Office Use Only

Cashier: \_\_\_\_\_

Date \_\_\_\_\_