

UNIVERSITY OF ROCHESTER
PETTY CASH FUND SUMMARY
 For Reimbursement or Discontinuance

Department: _____ Fund #: _____ Ext. (x-xxxx): _____

No.	Date	Pay to: (Sig of Recipient)	Nature, Purpose of Expenditure	Amount	Acct Key*
1				\$ -	
2				\$ -	
3				\$ -	
4				\$ -	
5				\$ -	
6				\$ -	
7				\$ -	
8				\$ -	
9				\$ -	
10				\$ -	
11				\$ -	
12				\$ -	
13				\$ -	
14				\$ -	
15				\$ -	
TOTAL:				\$ -	

RECAP

*Key	CM (CMxxx) SC (SCxxxxx) FAO (xxxxxxxx)	Amt	Expenditures:
A		\$ -	Petty Cash Func Cash or \$ -
B		\$ -	Less Expenditures: \$ -
C		\$ -	Cash on Hand: \$ -
		\$ -	
		\$ -	
	TOTAL	\$ -	

Received by: _____ EMPLID #: _____ Date: _____

Requestor (print) Requestor Title Phone Requestor Signature Date

Approver (print) Approver Title Phone Approver Signature Date

Reviewed By (Cashier/Finance Office): _____

Expenditures and Petty Cash Funds are subject to audit at any time.