

PETTY CASH REQUISITION

Amount: \$ _____

Today's Date: _____

Date Needed: _____

Reimbursing (Name) _____

For: _____

Account Number: _____ - _____ - _____ - _____

Department Head Approval

Instructions: Attach original receipts to requisition. Requisition total must be ***\$50.00 or less per person per day*** to receive petty cash. If reimbursement exceeds \$50.00, a purchase order is required.

Return ***original completed form in person*** to Accounting Office, 121 Johnson Hall