



# Petty Cash Reimbursement Form

---

Department

Colleague Account Number

Requested By

Amount Requested

Please describe the expense articulately and how it relates to business.

Print Supervisor Name Below

Supervisor Original Signature Required & Date

Is this a Business Meal Expense?

Yes      No

If Yes, please proceed with completing the information below.

Detailed Business Purpose (Required):

For Business Meals Only - List Names of Individuals Present (Required)

Food purchased for large gatherings (greater than 10 people), there is no need to list individuals present.

Petty Cash Reimbursement will not be processed without original receipt(s) attached.

---

Received Reimbursement

---

Date