



PC No: _____

PETTY CASH REQUEST

Account Termination Date: _____

REIMBURSEMENT

ADVANCE

Payable To:

Department Name:

Phone #:

Invoice Distribution:

Project	Task	Award	Expenditure Type	Organization	Amount
					\$
Total					\$

Project Director's Signature:

Date:

Approved By:

Date:

(Office Responsible for Vendor Payments)

Received By:

Date:

(Must be signed for cash disbursements)