Print Form

GEORGE MASON UNIVERSITY
Accounts Payable; MSN 3C1;
Tel: 3-2580; Fax: 3-2589

Petty Cash Reimbursement Request

Request Number: _____

For the period from _____ to _____

Custodian's Name (*please print*):_____ G Number: _____

Department: _____ Phone: _____

Please allow three business days to process reimbursement requests. Petty Cash Office will call when reimbursement check is ready.

Itemized list of Petty Cash disbursements. Items will be charged to the account(s) listed. Please attach all receipts.

Fund or Org and Account	Items Purchased	Amount ($)

TOTAL DISBURSEMENTS _____

Current Cash on hand _____

Total disbursements and cash on hand
(Should equal total authorized amount of fund) _____

I certify that the above purchases were made in accordance with Commonwealth of Virginia and George Mason University policies and procedures.

_____ _____
Custodian's Signature Date Supervisor's Signature Date

For Use by Petty Cash Office Only

Reimbursement Check Number: _____ Date: _____ Amount: $ _____

Disposition of check: Campus Mail _____ U.S. Mail _____ In Person _____

_____ _____
Petty Cash Officer's Signature Date

Send completed form to: Petty Cash Officer, MSN 3C1. See Petty Cash Fund Procedures for more information.

September 2008