Accounts Payable; MSN 3C1
Tel: 3-2580; Fax: 3-2589
Email: apforms@gmu.edu

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.

April 2020