

**To: Brigham Young University  
Financial Services  
A-153 ASB**

From: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Date: \_\_\_\_\_

**PETTY CASH REPORT AND REIMBURSEMENT REQUISITION**  
 (This form replaces the regular check requisition for reimbursement of petty cash.)

Pay to the Order of: \_\_\_\_\_  
 (Person in Charge of Petty Cash Fund)

Campus Address: \_\_\_\_\_

**INSTRUCTIONS FOR REQUESTING REIMBURSEMENT OF PETTY CASH**

1. Complete this form in duplicate. Attach all supporting documents to the original of this report and retain the duplicate for the department file.
2. Submit this form for reimbursement as necessary but at least once per month.
3. Mail to Financial Services and allow up to 10 days for processing.

**PETTY CASH FUND RECONCILIATION STATEMENT**

(To be completed by the Petty Cash Fund Custodian)

1. Balance of Petty Cash Fund on hand . . . . . \_\_\_\_\_
2. Total Expenditures to be reimbursed . . . . . \_\_\_\_\_
3. Petty Cash reimbursement in transit . . . . . \_\_\_\_\_
4. **TOTAL = Petty Cash Fund assigned** . . . . . \_\_\_\_\_

**SUMMARY OF EXPENDITURES BY ACCOUNT**

(Please combine items by Account and show totals under Amount)

<u>Account to Charge</u>	<u>Amount</u>	<u>Account to Charge</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TOTAL expenditures to be reimbursed:** \_\_\_\_\_  
 (Should agree with Line No. 2 above.)

**Custodian Signature:** \_\_\_\_\_

**Controller Signature:** \_\_\_\_\_