



REQUEST FOR PETTY CASH REIMBURSEMENT

_____ (Date)

Please reimburse _____ for the following petty cash purchase.

Item (Quantity and description)	Purchased From	Amount
-		
-		
-		
Total:		

Index/Fund/Account to be charged: _____ (Index/Fund/Account)

Approved for payment: _____ (Authorized Signature) _____ *(Signature of Recipient)

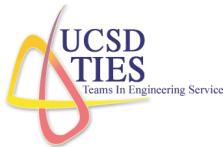
*** If signature of recipient differs from purchaser, the following statements must be completed:**

_____ is hereby authorized to collect money for me.
 _____ (Name of Recipient) _____ (Purchaser's Signature)

Rev. 08/91

everything above this line should be filled out by Leah Kent

everything below this line should be filled out by the TIES student and signatures should be obtained from treasurer, advisor, and TIES director



TIES Reimbursement Form

For Dept. Use Only	
Index:	_____
Submitted:	_____
Initials:	_____
PayAuth #:	_____

Quantity	Item	Purchased From	Amount
Total			

 Purchaser Name

 Purchaser Social Security Number

 Purchaser Email Address

 Purchaser Phone Number

 Purchaser Signature

 Team Name

 Treasurer Name

 Treasurer Signature

 Faculty Advisor Signature

 TIES Director Signature