

Business Services

Petty Cash Fund Reimbursement

This form is to be used by UW-L employees to request reimbursement for an existing petty cash fund. Submit the completed form and documentation to Business Services, 125 Graff Main Hall. For guidance, refer to the Petty Cash Fund procedures at http://www.uwlax.edu/Accounts-Payable/Petty-Cash-and-Change-Funds/

	y Cash Fund Custodian Information
1.	Custodian's Full Name (First Last)

9. Signatures/Approvals

1.	Custodian's Full Name	(First Last)							
2.	Department		3.	Contact Person Number	(if other tha	n payee) and Tel.			
Expense/Account Details									
4.	Description/Item Purc	hases				5. Amount			
6.	Account to Charge/Fur		7. TOTAL Amount						
Fun	d Program	Department (UDDS)		Account Code					
8. Business Purpose of Expense(s)									

I, the Petty Cash Fund Custodian, certify that the charges reported here are correct and that I am not claiming reimbursement from other sources for the same.

Printed Name & Signature of Custodian

Printed Name & Signature of Department Approval

Business Services

Date