

## Business Services

### Petty Cash Fund Reimbursement

*This form is to be used by UWL 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 <https://www.uwlax.edu/cashiers/faculty-and-staff/petty-cash/>*

#### Petty Cash Fund Custodian Information

|                                              |                                                                |
|----------------------------------------------|----------------------------------------------------------------|
| <b>1. Custodian's Full Name (First Last)</b> |                                                                |
| <b>2. Department</b>                         | <b>3. Contact Person (if other than payee) and Tel. Number</b> |

#### Expense/Account Details

| <b>4 Description/Item Purchases</b>                                                              | <b>5. Amount</b>       |
|--------------------------------------------------------------------------------------------------|------------------------|
|                                                                                                  |                        |
|                                                                                                  |                        |
|                                                                                                  |                        |
|                                                                                                  |                        |
|                                                                                                  |                        |
| <b>6. Account to Charge/Funding Source</b>                                                       | <b>7. TOTAL Amount</b> |
| Fund-6 Cost Center-8 Driver-11 Function-6 Account Code-4 Program Code-5 Revenue/Spend Category-7 |                        |

| <b>8. Business Purpose of Expense(s)</b> |
|------------------------------------------|
|                                          |

*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.*

#### 9. Signatures/Approvals

|                                                            |             |
|------------------------------------------------------------|-------------|
| <b>Printed Name &amp; Signature of Custodian</b>           | <b>Date</b> |
| <b>Printed Name &amp; Signature of Department Approval</b> | <b>Date</b> |
| <b>Business Services</b>                                   | <b>Date</b> |