## COMMONWEALTH DEPARTMENTAL PETTY CASH FUND DISBURSEMENT REQUEST SUMMARY

DATE:				
TO:	Accounts Payable Department			
FROM:	Petty Cash	n Custodian's Name (T	TYPE NAME, THEN SIGN)	
SSN:	Petty Cash Custodian's University Identification Number (UIN)			
SUBJ:	Petty Cash Fund Reimbursement for Commonwealth Expenditures			
			cash fund according to the Com (XX) expenditure summary listed l	
		Budget Code	<u>Sub-Object</u>	<u>Amount</u>
		Subtotal from A Continuation Sh T	oot (PC 2A)	
			ms with the proper receipts and a oursement Reconciliation form is	
I have reviewe appears to be		bursement for accurac	y and completeness. All of the d	ocumentation

Signature of Reviewer of Reimbursement (no initials, no stamps)