

Petty Cash Disbursement

SUPPLIER NUMBER

VOUCHER NUMBER

P
A
Y

T
O

Date: _____

ID#: P

College: _____

Department: _____

VOUCHER DATE	AMT OF VOUCHER	GL ACCT	NAT ACCT	DEPT USE	PROJECT	TASK	AWARD	EXP TYPE	EXP ORG	EXP DATE	DESCRIPTION	DUE DATE	HOLD	PAY GRP

Total to be reimbursed	
Add: Cash on Hand	
Amount of Fund	

DISPOSITION
<input type="checkbox"/> HOLD FOR PICKUP <input type="checkbox"/> CALL EXT _____ WHEN READY

APPROVALS
CUSTODIAN: _____ DEAN, DIRECTOR, DEPT HEAD: _____ PURCH/RESRCH ADM/TUHSC FIN SVCS: _____

AP USE ONLY