



Purpose: Use this form to process reimbursement for purchases under \$150 per day/per vendor for allowable items. Please scan completed form and supporting receipts and send to accountspayable@csuchico.edu. For further information, please refer to the [Campus Petty Cash Procedures](#).

TO BE COMPLETED BY DEPARTMENT

Department:	Ext.	Zip:	Reimbursement Amount: \$
Description of Purchase:			
PURCHASER			
<i>I certify that I have personally paid for the items identified above and that upon reimbursement they become University property. If any items are returned, I will refund the appropriate amount to the University.</i>			
Payee:			
Signature	Print Name	Date	

STATE CHARTFIELD					
Account	Fund	Dept. ID	Program (Optional)	Class (Optional)	\$ Amount
Account	Fund	Dept. ID	Program (Optional)	Class (Optional)	\$ Amount
Account	Fund	Dept. ID	Program (Optional)	Class (Optional)	\$ Amount

AUTHORIZATION		
<i>Appropriate Administrator/Staff as documented on the Financial Services Authorized Signature Form on file at Accounts Payable</i>		
Signature	Print Name	Date

After emailing the scanned form and supporting receipts to accountspayable@csuchico.edu, please retain the original documents and deliver to Cashiering (SSC 230) upon notification from Accounts Payable.

INTERNAL USE ONLY - CASHIERING

Receipts turned in:	\$			
	Amount	Date	Signature of Clerk Receiving Receipts	
Cash Disbursal:	\$			
	Amount	Date	Signature of Person Receiving Cash	
				Cashier's Initials: