***SAN FRANCISCO STATE UNIVERSITY***

***1600 HOLLOWAY AVENUE, SAN FRANCISCO, CALIFORNIA 94132***

**PETTY CASH REIMBURSEMENT REQUEST**

**(Available 8:30am to 2pm at ADM 155; 9am to 2pm at SSB 103)**

SCHOOL/DEPARTMENT | REFERENCE# | $ AMOUNT

CHART FIELD INFORMATION

| ACCOUNT | FUND | DEPT ID | PROGRAM | CLASS | PROJECT |
|---|---|---|---|---|---|
| | | | | | |

ACKNOWLEDGEMENT: I have read the back of this form and fully understand that the Bursar's Office may refuse to honor this request if the item/service purchased does not meet purchasing requirements, or if there is insufficient cash available in the petty cash fund. I further understand that I will be charged for the purchase if it is found to be invalid after reimbursement.

NAME OF REQUESTOR | SIGNATURE OF REQUESTOR | DATE

AUTHORIZATION: I certify that this is a valid University expenditure and that funds are available in the department's account to cover this purchase.

NAME OF DEAN/DEPARTMENT HEAD OR PRINCIPAL INVESTIGATOR | SIGNATURE OF DEAN/DEPARTMENT HEAD OR PRINCIPAL INVESTIGATOR | DATE

**ITEM(S) PURCHASED**

**JUSTIFICATION FOR PURCHASE/S:**

**TRUST FUNDS OR ORPS CERTIFICATION**

I certify that funds are available to cover this expenditure.

TRUST FUND ACCOUNTANT OR GRANT ADMINISTRATOR | DATE

**SIGN HERE FOR CASH RECEIVED**

NAME | CAMPUS EXT

TITLE

SIGNATURE | DATE

**CASHIER VALIDATION**

(Rev.7/01/2004)