



PETTY CASH VOUCHER

DATE: _____

AMOUNT: \$ _____

EXPLAIN BUSINESS PURPOSE:

PROJECT # _____

TASK # _____

EXPENDITURE ORGANIZATION _____

REQUESTOR INFORMATION (PLEASE PRINT)

NAME OF THE PERSON

ID NUMBER

MAIL STATION

PHONE NUMBER

SIGNATURE OF PERSON RECEIVING CASH
REIMBURSEMENT – PLEASE PRESENT
FERMILAB I.D. CARD

ID NUMBER
(if different from above)

APPROVER INFORMATION (MUST HAVE SIGNATURE AUTHORITY ON PROJECT / TASK)

SIGNATURE OF THE APPROVER

ID NUMBER

MAIL STATION

PHONE NUMBER

ADDITIONAL APPROVER INFORMATION

PROCUREMENT APPROVAL (SEE POLICY #3)

ACCOUNTING VERIFICATION

PETTY CASH REIMBURSEMENT POLICIES

- 1) Supporting documentation (original receipt, etc.) must be attached to allow reimbursement.
- 2) Items that are restricted on ProCard can not be reimbursed through petty cash.
- 3) Requests for materials or supplies reimbursement in excess of \$100 requires the prior approval of the Procurement Department.