

Idaho State University Petty Cash Replenishment Form

	Date	Vendor	Description	Department	Index #	Account Code	Activity Code	Amount
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

(A) Total From Supplemental Sheets

(B) Total Amount

INSTRUCTIONS: This form is to be used to request reimbursement for expenditures made from an authorized petty cash fund.

- Using the information from the petty cash receipts enter the required data for each column by account number in the spaces provided on the form(s). Total the amount column on line B, including supplemental sheet(s) as required.
- Summarize and group this information by account number and amount in the spaces provided in the Acct # summary.
- The detail total on line B should agree to the Total Reimbursement Requested on line C.
- The "Total Reimbursement Requested," together with the amount of "Cash on Hand" should equal the total balance of the authorized Petty Cash Fund amount.
- The request should be signed by the fund custodian and approved with an authorized signature for the accounts charged.
- If more than one form is required, attach additional forms noting how many pages were used in the upper right hand corner.
- Forward the original of this form, together with original receipts grouped by account # in the same order as listed, to the University

Acct # Summary

Amount

(C) Total Reimbursement Requested	
(D) Cash on Hand	
(E) Total (C plus D)	
(F) Authorized Fund Balance	
(G) (OVER)/SHORT (F minus E)	

Custodian's Signature: _____ Date: ___/___/20___

Acct. Director/Dept. Head Signature: _____ Date: ___/___/20___

UBO Signature: _____ Date: ___/___/20___

Charge amount on line (G) to Index # _____