## Idaho State University Petty Cash Replenishment Form

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Date	Vendor	Description	Department	Index #	Account Code	<b>Activity Code</b>	Amount
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4							
5							
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7							
80							
9							
10						The state of the s	
				(A) Total	(A) Total From Supplemental Sheets	Sheets	
				(B) Total Amount	Amount		0.00
INSTRUCTIONS: T	his form is to be used to request re	INSTRUCTIONS: This form is to be used to request reimbursement for expenditures made from an authorized petty cash fund.	d petty cash	7	Acct # Summary		Amount
Using the informa	tion from the petty cash receipts en	1. Using the information from the petty cash receipts enter the required data for each column by account number in the	per in the			,	
provided on the formula provided on the formula provided and the formul	orm(s). Total the amount column o group this information by account nu line B should agree to the Total R ursement Requested," together with	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	summary.				
authorized Petty 5. The request shou	authorized Petty Cash Fund amount. The request should be signed by the fund custodian arged.	authorized Petty Cash Fund amount. The request should be signed by the fund custodian and approved with an authorized signature for the accounts arged.	ounts				
<ul><li>6. If more than one corner.</li><li>7. Forward the origin</li></ul>	iorm is required, attach additional full form is required, attach additional form, together with original of this form, together with original form.	<ol> <li>If more than one form is required, attach additional forms noting how many pages were used in the upper right hand corner.</li> <li>Forward the original of this form, together with original receipts grouped by account # in the same order as listed, to the</li> </ol>	isted, to the	(C) To	(C) Total Reimbursement Requested (D) Cash on Hand		0.00
University				(E) Total	a		
				(F) Au	(F) Authorized Fund Balance		
Custodian's Signature:	ignature:		Date: //20	(6) (0	(G) (OVER)/SHORT (F minus E)		0.00
Acct. Director	Acct. Director/Dept. Head Signature:		Date: / /20	Char	Charge amount on line (G) to Index #		
	,			Γ			

UBO Signature:

\_Date:\_\_

/20