

UNIVERSITY CASH SERVICES

Petty Cash Reimbursement

INSTRUCTIONS:

When to use this form:

To reimburse a CSUN employee for purchases made on behalf of the University

When NOT to use this form:

- Invoices from vendors
- Payments for services to employees or independent contractors
- Loans and advances
- Entertainment and gifts
- Items for personal use

Who must approve:

- Financial Approver must be the person authorized to sign for the Fund/DeptID listed on the form
- o If the reimbursement is for the person authorized to sign for the Fund/DeptID, a different Financial Approver for the Fund/DeptID must sign as "Financial Approver"

What to bring:

- Original form
- Original receipts/invoices to be reimbursed
 - (The receipts/invoices must have the vendor's name and be itemized or have a detailed description of the item)
- Justification for purchase
 - (Attach backup such as: event flyers, attendance list, authorization emails,....)

When to bring this form:

- o Walk-Ins are subject to availability and UCS counter hours.
- To insure availability email your request in advance to <u>ucsdeposits-c@csun.edu</u> to arrange a pick-up time.
 - Subject Line: "Petty Cash Reimbursement Department Name"
- After receiving confirmation email, bring form, receipts, back-up documentation, and CSUN ID to University Cash Services, Bayramian Hall (BH 100R)

INFORMATION:

- Expenses of up to \$ 50.00, incurred under emergency circumstances, <u>must</u> be submitted for reimbursement within thirty (30) days from the purchase date.
 - Receipts older than 30 days will not be honored
 - o Forms, receipts and/or invoices should be submitted by the employee requesting the reimbursement
- Receipts from an employee currently holding a P-Card will be denied reimbursement, unless the vendor does not accept credit cards or the vendor charges a fee to use the P-Card.
- Receipts that provide expenses that promote CSUN to the public must fill out the Hospitality Justification Form prior to submission.



UNIVERSITY CASH SERVICES

Petty Cash Reimbursement Request

TOTAL \$50.00 OR LESS (EXCLUDING TAX)

Employee:			Date:	CSUN Ext	_Requisition #:		
Department:				_			
DESCRIPTION:							
					Amount:\$		
					Amount:\$		
					Amount:\$		
					Amount:\$		
					Amount:\$		
					Total Amount:\$		
CHARTFIELD D	ISTRIBUTION	:					
Account:	Fund:	DeptID:	Program:	Class	s:Project:		
JUSTIFICATION	I FOR PURCH	ASE:					
PERSON REQUE	STING REIMBL	JRSEMENT:					
Employee Signat	ture:			Date:	. <u></u>		
Print Name & Ti	tle:						
APPROVED BY:							
Financial Approver:				Date:			
Print Name & Ti	tle:						
FOR UNIVERSI	TY CASH SERV	VICES ONLY:					
CASH GIVEN TO: (Please Print)				Amount P	aid:\$		
CICNIATUDE				Data			