

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
 - Travel expenses
 - 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
 - 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 send:**
 - 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)
- **Where to send this form:**

Deliver in person to University Cash Services, Bayramian Hall (BH 100R) between M-F 8:30am-4:00pm.

INFORMATION:

- Expenses of up to \$ 50.00, incurred under emergency circumstances, must be submitted for reimbursement within thirty (30) days from the purchase date.
 - Receipts older than 30 days will not be honored
 - 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.



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 DISTRIBUTION:

Account: _____ Fund: _____ DeptID: _____ Program: _____ Class: _____ Project: _____

PERSON REQUESTING REIMBURSEMENT:

Employee Signature: _____ Date: _____

Print Name & Title: _____

APPROVED BY:

Financial Approver: _____ Date: _____

Print Name & Title: _____

FOR UNIVERSITY CASH SERVICES ONLY:

CASH GIVEN TO: (Please Print) _____ Amount Paid:\$ _____

SIGNATURE: _____ Date: _____