PETTY CASH REIMBURSEMENT

INSTRUCTIONS:

• When to use this form:
  o To reimburse a CSUN employee for purchases made on behalf of the University

• When NOT to use this form:
  o Invoices from vendors
  o Payments for services to employees or independent contractors
  o Loans and advances
  o Entertainment and gifts
  o Items for personal use

• Who must approve:
  o 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:
  o Original form
  o 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)
  o Justification for purchase
    (Attach backup such as: event flyers, attendance list, authorization emails,....)

• When to bring this form:
  o Email your request in advance to ucsdeposits-c@csun.edu to arrange a pick-up time.
    ▪ Subject Line: “Petty Cash Reimbursement – Department Name”
  o 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, must be submitted for reimbursement within thirty (30) days from the purchase date.
  o 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.
Petty Cash Reimbursement Request
TOTAL $50.00 OR LESS (EXCLUDING TAX)

Employee: __________________________________ Date: ______ CSUN Ext. ______ Requisition #: __________________________

Department: ____________________________________________________________

DESCRIPTION:

________________________________________ Amount: $_________________

________________________________________ Amount: $_________________

________________________________________ Amount: $_________________

________________________________________ Amount: $_________________

Total Amount: $_________________

CHARTFIELD DISTRIBUTION:


JUSTIFICATION FOR PURCHASE:

________________________________________________________________________________________

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: __________________