



REQUEST FOR PETTY CASH REIMBURSEMENT

To: Accounts Payable

Unit Name: _____

Fund: _____ Organization: _____ Account: _____ Program: _____

Amount _____

Justification
of Request: _____

Directors Printed Name: _____

Directors Signature/Date: _____ Date: _____

Cash Received by Printed Name: _____

Cash Received Signature By: _____ Date: _____

Business Services Signature: _____ Date: _____

Business Services Printed Name: _____

*REIMBURSEMENT WILL NOT BE MADE WITHOUT ORIGINAL RECEIPT ATTACHED

****REQUEST NOT TO EXCEED \$25.00 MAX****
****NJ SALES TAX IS NOT REIMBURSABLE***