PV # 1

PETTY CASH REIMBURSEMENT VOUCHER

University of Nevada, Reno
Controller's Office - 124

Page _____ of _____ Date: _____

Reimbursement Request

Date Paid	Vendor Name	Account Number Distribution Fund-Agcy-Org-Obj-Sobj	Amount

Payable To: _____ Total $0.00

Petty Cash Custodian **Print Name**

Employee ID: _____

Custodian Signature: _____

Supervisor's Signature: _____

Department/Mail Stop _____

Phone Number: _____

A/P Approval:

Petty Cash on Hand	
Request (total above)	$0.00
Over <Short>	
Total Petty Cash	$0.00

Hosting expenditures must have the Dean or V.P.'s signature: _____

Instructions: Form to be completed by custodian of petty cash account, approved/signed by supervisor and forwarded to Controller's Office for verification and reimbursement. Complete an account line and attach the corresponding receipt for each expenditure. Reimbursement should be completed at least on a monthly basis and within the fiscal year of the expenditure.