

**THE UNIVERSITY OF TENNESSEE
PETTY CASH REIMBURSEMENT REQUEST**

PAYEE: _____ TITLE: _____ DATE: _____

VENDOR # OR EMPLOYEE PERSONNEL #: _____ ADDRESS: _____

DESCRIPTION: CASH ITEMS _____

AMOUNT TO PAY: _____

Reimbursement is requested for the following petty cash expenditures with itemized receipts attached in compliance with University policy.

Item No.	Date of Receipt	Vendor	Item Description	G/L Acct.	Amount
Purpose/Justification:					
Purpose/Justification:					
Purpose/Justification:					
Purpose/Justification:					
Purpose/Justification:					
Purpose/Justification:					
Purpose/Justification:					
				TOTAL	

The items listed above must be summarized as follows:

Cost Ctr/WBS Name	Cost Ctr/WBS #	Internal Order #	G/L Account	Amount
				TOTAL

Approved: _____
Signature Title

Approved: _____
Signature Title

* A vendor number will be established for all official petty cash accounts.