## COMMONWEALTH DEPARTMENTAL PETTY CASH FUND DISBURSEMENT REQUEST SUMMARY

DATE:			
ТО:	Accounts Payable Department		
FROM:	Petty Cash Custodian's Name (T	YPE NAME, THEN SIGN)	
SSN:	Petty Cash Custodian's Universit	ty Identification Number (UIN)	
SUBJ:	Petty Cash Fund Reimbursemen	t for Commonwealth Expenditu	ıres
	se reimburse my department's petty XXX, 3XXXX, 5XXXX and 7XXX	- C	
	Budget Code	Sub-Object	<u>Amount</u>
	-	<del> </del>	
	Subtotal from At Continuation Sho T	(D.C. 2.1)	
	ned expenditure reimbursement formabove. The Petty Cash Fund Reimb		
	wed this reimbursement for accurac		

Signature of Reviewer of Reimbursement (no initials, no stamps)