



EVENTS Petty Cash/Check Request Form

Please attach original receipt to this form. If the amount of reimbursement you are requesting is greater than \$50 then a check will be mailed to you. Please fill out as completely as possible.

Name:

Date:

Address (if check to be mailed):

AMOUNT IN US \$	Where was purchase made? (vendor name, website etc)	<u>Brief</u> description of expense (item or order etc)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
TOTAL:		

For Office Use Only:

AMOUNT REIMBURSED CHECH # if applicable	By	Date