

Please use these helpful tips when completing your form:

Total can not exceed \$50.00 (without tax)

Original **itemized** receipts must be attached

Shipping charges cannot be included for petty cash reimbursement

Complete CFS Chartstring information – Account, Fund, Department ID, and Class (if applicable)

Correct fund must be used for reimbursement

Approver needs direct pay authorization for this department

Business Hospitality Expense must include: [Hospitality Justification Form](#)
([Business Hospitality Expense Procedures](#))

Gift Card- Gift Card Approval form must be attached: [\(Gift Card Pre-Approval Form\)](#)

Examples of Restricted Items:

- Alcohol
- Printing
- Rubber stamps
- Postage stamps
- Textbooks
- Shipping
- Travel expenses
- Toner cartridges
- Communication devices



Petty Cash Reimbursement

Employee/Purchaser

Department

Date

Department Contact & Phone Number

| Quantity | Item | Unit Price | Amount |
|----------|------|------------|--------|
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|--|------|----------|-------|---------|------|----------|-------|--|--|--|--|--|--|--|--|------------------|------------------------------|--------------|
| Please Note: Original Receipt(s) must be attached. Yes No Gift Card? Yes No Business Hospitality Expense? If Yes, the required forms below must be included: <ul style="list-style-type: none"> • Gift Card Pre-Approval Form • Hospitality Justification Form <p style="text-align: center;">Alcohol cannot be reimbursed by petty cash</p> <p style="text-align: center;">Complete CFS ChartString</p> <table border="1" style="width: 100%;"> <tr> <td>Account</td> <td>Fund</td> <td>Dept. ID</td> <td>Class</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | | | | Account | Fund | Dept. ID | Class | | | | | Employee & Approver: I hereby certify that the above goods and/or services were received by and necessary for use of Sacramento State and that quantity and quality are as indicated. | | <table border="1"> <tr><td>Sub Total</td></tr> <tr><td>Tax (if not included)</td></tr> <tr><td>Total</td></tr> </table> | | Sub Total | Tax (if not included) | Total |
| Account | Fund | Dept. ID | Class | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Sub Total | | | | | | | | | | | | | | | | | | |
| Tax (if not included) | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | |
| **Funds can only be reimbursed to employee below** | | | | | | | | | | | | | | | | | | |
| Employee _____ | | _____ | | | | | | | | | | | | | | | | |
| Original Signature | | Date | | | | | | | | | | | | | | | | |
| Approved by _____ | | _____ | | | | | | | | | | | | | | | | |
| Original Signature | | Date | | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | | | | |
| Printed Name of Approver | | | | | | | | | | | | | | | | | | |

TO BE USED BY BURSAR'S OFFICE TO ACKNOWLEDGE REIMBURSEMENT

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|---|--|
| <p style="text-align: center;"><i>Reimbursement of the total amount herein shown is hereby acknowledged:</i></p> <p style="text-align: center;">Employee OneCard Verified</p> <p>Cashier Signature _____</p> <p style="text-align: right;">Date _____</p> | <p style="text-align: center;"><i>Receipt of the total amount is hereby acknowledged:</i></p> <p>Employee Signature _____</p> <p style="text-align: right;">Date _____</p> |
|---|--|