



Petty Cash Reimbursement Request Voucher
 (Original Itemized Receipts Must Be Attached)

Please print or type below information

Date: _____

Name: _____

Department: _____ Ext # _____

Account Number: _____

Purchased From: _____

Item Description	Amount
(Original itemized receipts must be attached)	TOTAL

Administrative Approvals:

1. _____
 Signature of Dean/Manager Date

2. _____
 Signature of Vice President/President (If applicable) Date

I certify that the item(s) purchased and received was a legal expenditure within the guidelines of the California Education Codes and District Policy and will remain property of the Cerritos Community College District.

 (Signature of Requestor) Date

FISCAL SERVICES USE ONLY	
Paid by: _____	Date: _____

Received by: _____
 (signature required)

Received on: _____
 (date picked up)

Total Petty Cash Reimbursement Request shall not exceed \$50.00. Reimbursement requests exceeding the \$50.00 limit will be returned to the requestor.