

University of Hartford

Student Administrative Services Center

200 Bloomfield Avenue
West Hartford CT 06117-1599
Tel (860) 768-4999

PETTY CASH VOUCHER

I authorize _____ to be reimbursed funds for the purchase of:

(List and attach original receipts)

at a cost of \$ _____ to be used in _____
(Department Name)

Please charge account _____.

Authorized Signature _____

Received Payment: _____ Date: _____
(Signature of authorized person requiring reimbursement)

Paid by: _____
(Authorized Personnel)

*Please note: Petty Cash reimbursement cannot exceed \$25.00 per person, per line item each day. The Original receipt MUST be attached for reimbursement.

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