PETTY CASH EXPENDITURE SUMMARY

TO: _____ Date: _____

FROM: _____ Fund Custodian NAU ID# _____

Dept Box Number _____ Custodian's Phone Ext._____

SUBJECT: Reimbursement - Please issue a check in the amount of $ _____ to reimburse the Petty Fund.

Name: _____ Address: _____

Dept _____ PETTY CASH ANALYSIS

Date of Trans.	Voucher Number	Description	Speedchart/Fund	Account	Amount
				TOTAL	$0.00

Please be sure that all necessary documents are attached and that this form is complete before submitting to Accounts Payable.

APPROVED_____ APPROVED_____
Dept Manager Supervisor

VERIFIED _____
Accounts Payable Manager