

Humboldt State University
Arcata, CA 95521-8299

PETTY CASH REIMBURSEMENT REQUEST

TO: Accounts Payable, Fiscal Affairs
Student Business Services Bldg., Rm. 317

Item Description

DATE: _____

FROM: _____
Name

Department

Street *City* *State* *Zip*

\$ _____ Total reimbursement per attached receipts

Signature of Claimant

Department Head Approval

Claimant's ID Number

Account	Fund	Department	Program	Class	Project

This form may be used for reimbursement of out-of-pocket costs expended for not more than \$50.00 excluding tax, per day, per vendor.