



# Hamilton

## Petty Cash Reimbursement REQUEST FORM

Department Request: \_\_\_\_\_

Date: \_\_\_\_\_

Date Required: \_\_\_\_\_

Will pick up at Business Office

Description/Purpose:

13 Digit Acct. No. xx-x-xxxxxx-xxxx	Amount
<b>Total</b>	<b>\$0.00</b>

\_\_\_\_\_  
Print Name of Originator

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Department

\_\_\_\_\_  
Phone Ext.

\_\_\_\_\_  
Supervisor Approval (Print Name) \*

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Business Office Approval

\_\_\_\_\_  
Date

\*Supervisor means the person to whom you directly report or the Senior Officer/Designee to whom your office reports. For grants, the Principal Investigator must sign here.

Attach all original receipts & pertinent documentation. Make sure that receipts total amount requested.