Petty Cash Fund
Request for Reimbursement

Date_____

Period of Report: _____ To_____

Request reimbursement of the petty cash fund for:

DATE	*RECEIPT #	ITEM	AMOUNT	**EXP CAT.
		TOTAL RECEIPTS		
		CASH ON HAND		
		TOTAL		

*Attach copies of all vouchers and receipts
**Expense category must match budget line item

Submitted by: _____ Date:_____

Approved by: _____ Date:_____

Paid by check number: _____ Date: _____

AVA Form PC101 (November 2003)