

**Please use these helpful tips when completing your form:**

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Total can not exceed \$50.00 (without tax)

Original **itemized** receipts must be attached

Shipping charges cannot be included for petty cash reimbursement

Complete CFS Chartstring information – Account, Fund, Department ID, and Class (if applicable)

Correct fund must be used for reimbursement

Approver needs direct pay authorization for this department

Business Hospitality Expense must include: [\(Business Hospitality Expense Procedures\)](#)

- Statement of Justification
- List of invitees

Gift Card- Gift Card Approval form must be attached: [\(Gift Card Pre-Approval Form\)](#)

*Examples of Restricted Items:*

- Alcohol
- Printing
- Rubber stamps
- Postage stamps
- Textbooks
- Shipping
- Travel expenses
- Toner cartridges
- Communication devices



# Petty Cash Reimbursement

Employee/Purchaser

Department

Date

Department Contact & Phone Number

| Quantity | Item | Unit Price | Amount |
|----------|------|------------|--------|
|          |      |            |        |
|          |      |            |        |
|          |      |            |        |
|          |      |            |        |
|          |      |            |        |
|          |      |            |        |
|          |      |            |        |

|  |      |  |       |  |  |                              |  |
|--|------|--|-------|--|--|------------------------------|--|
| Please Note: <b>Original Receipt(s)</b> must be attached.  |      |  |       | Employee & Approver:<br>I hereby certify that the above goods and/or services were received by and necessary for use of Sacramento State and that quantity and quality are as indicated. |  | <b>Sub Total</b>             |  |
| Yes  | No   | <b>Gift Card?</b> (Gift Card Approval form must be attached) |       |  |  | <b>Tax (if not included)</b> |  |
| Yes  | No   | <b>Business Hospitality Expense?</b> (see Policy PM 01-03)   |       |  |  | <b>Total</b>                 |  |
| If Yes, the following Information is required:   |      |  |       | <b>**Funds can only be reimbursed to employee below**</b>  |  |                              |  |
| <ul style="list-style-type: none"> <li>• Gift Card: Gift Card Approval Form</li> <li>• Business Hospitality Expense: Statement of Justification and List of Attendees</li> </ul> |      |  |       | Employee _____   |  | _____                        |  |
|  |      |  |       | Original Signature   |  | Date                         |  |
|  |      |  |       | Approved by _____  |  | _____                        |  |
|  |      |  |       | Original Signature   |  | Date                         |  |
|  |      |  |       | _____<br>Printed Name of Approver  |  |                              |  |
| <b>Complete CFS ChartString</b>  |      |  |       |  |  |                              |  |
| Account  | Fund | Dept. ID   | Class |  |  |                              |  |
|  |      |  |       |  |  |                              |  |

**TO BE USED BY BURSAR'S OFFICE TO ACKNOWLEDGE REIMBURSEMENT**

|   |  |
|---|--|
| <p><i>Reimbursement of the total amount herein shown is hereby acknowledged:</i></p> <p>Employee OneCard Verified</p> <p>Cashier Signature _____</p> <p style="text-align: right;">Date _____</p> | <p><i>Receipt of the total amount is hereby acknowledged:</i></p> <p>Employee Signature _____</p> <p style="text-align: right;">Date _____</p> |
|---|--|