

Please use these helpful tips when completing your form:

Total can not exceed \$50.00 (without tax)

Original itemized receipts must be attached

Email approval from the Auxiliary Accounting Manager must be attached

Shipping charges cannot be included for petty cash reimbursement

Complete CFS Chartstring information – Account, Fund and Department ID

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



UFSS Petty Cash Reimbursement

Employee/Purchaser

Department

Date

Department Contact & Phone Number

Quantity	Item	Unit Price	Amount

<p>Please Note: Original Receipt(s) must be attached.</p> <p>Yes No Gift Card? (Gift Card Approval form must be attached)</p> <p>Yes No Business Hospitality Expense? (see Policy PM 01-03)</p> <p>If Yes, the following information is required:</p> <ul style="list-style-type: none"> Gift Card: Gift Card Approval Form Business Hospitality Expense: Statement of Justification and List of Attendees <p style="color: red; text-align: center;">Alcohol cannot be reimbursed by petty cash</p> <p style="text-align: center;">Complete CFS ChartString</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Business Unit</td> <td style="width: 25%;">Account</td> <td style="width: 25%;">Fund</td> <td style="width: 25%;">Department ID</td> </tr> <tr> <td>SAFDN</td> <td> </td> <td> </td> <td> </td> </tr> </table>	Business Unit	Account	Fund	Department ID	SAFDN				<p style="text-align: center;">Employee & Approver:</p> <p style="text-align: center;">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.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">Sub Total</td></tr> <tr><td style="text-align: right;">Tax (if not included)</td></tr> <tr><td style="text-align: right;">Total</td></tr> </table> <p style="text-align: center;">**Funds can only be reimbursed to employee below**</p> <p>Employee _____</p> <p style="text-align: center;">Original Signature Date</p> <p>Approved by _____</p> <p style="text-align: center;">Original Signature Date</p> <p style="text-align: center;">_____ Printed Name of Approver</p>	Sub Total	Tax (if not included)	Total
Business Unit	Account	Fund	Department ID										
SAFDN													
Sub Total													
Tax (if not included)													
Total													

TO BE USED BY BURSAR'S OFFICE TO ACKNOWLEDGE REIMBURSEMENT

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