

PEPPERDINE UNIVERSITY

PETTY CASH REIMBURSEMENT

Original Supporting Documentation and Pepperdine ID required

Payee Information

Students Maximum amount \$300

Employees Maximum amount \$100

Payee Name (Last, First, MI) _____	Campus-Wide ID# _____
Department Name _____	Prepared By _____ Extension _____ Date _____

Substantiation Required for Travel and Entertainment (T&E) Reimbursement

Mileage Rate 54 ¢	Start City	Destination	Total Miles Traveled	Daily Commute (minus)	Reimbursable Mileage	Reimbursable Amount
Roundtrip <input type="checkbox"/> One-way <input type="checkbox"/>						
DATE:		WHAT:				
WHERE:		PERSON(S) IN ATTENDANCE:				
BUSINESS PURPOSE:						

Description	Bus Unit	Fund	Dept	Account	Class	Program	Product	Project	Oper Unit	Amount
Total										

I, hereby certify that the expenses reported are, to my knowledge, true and correct and were incurred by me in the performance of University business.

I, the Payee, authorize and designate _____ to pick-up my petty cash in my absence _____.

Name of designated person *Payee authorize signature*

Received By (Signature) *Print Name* *Ext* *Date*

Approver (Signature) *Print Name* *Ext* *Date*

Cashier's Office Use Only	
INITIALS	DATE
RECEIPT #	