

PEPPERDINE UNIVERSITY

PETTY CASH REIMBURSEMENT

Payee Information (Maximum amount allowed \$100)

Original Supporting Documentation and Photo ID Required

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 56 ¢	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, _____ authorize and designate _____ to pick-up my petty cash in my absence.
Payee (Signature) *Name of designated person*

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

Approver (Signature) *Print Name* *Date*

Cashier's Office Use Only	
INITIALS	DATE
RECEIPT #	