## PEPPERDINE UNIVERSITY

## PETTY CASH REIMBURSEMENT (2015)

Original Supporting Documentation and Pepperdine ID required

Payee Information Stude	ents Maximum amount	\$300	Employees	Maximum am	ount \$100						
Payee Name (Last, First, MI) Campus-Wide IE								ide ID#			
Department Name			Prepared By				Extension			Date	
Substantiation Required for Travel and Entertainment (T&E) Reimbursement											
Mileage Rate 57 ½ ¢	Start City		Destinatio	n	Total Miles Traveled		Daily Commute (minus)		Reimbursable Mileage		imbursable Amount
Roundtrip 🗆 One-way 🗆	oundtrip 🗆 One-way 🗆										
DATE:			WHAT:								
WHERE:			PERSON(S) IN ATTENDANCE:								
BUSINESS PURPOSE:											
Description	Bus Unit	Fund	Dept	Account	Class	Program	Product		Project	Oper Un	it Amount
										To	tal
I, hereby certify that the exp	enses reported a	re to my	knowledge	true and	correct and	l were inc	irred by me	in the n	erformance of	Universi	v husiness
i, nereby certify that the exp	chioco reported di	c, to my	Miowicage	, true arra v	on cot and	were me	arrea by me	, iii tiio p	ci ioi ilialioc oi	Oniversit	y business.
I, the Payee, authorize and designate to pick-up my petty cash in my absence										Cashier'	s Office Use Only
,	Name of des	ignated pe	rson		,	,	Payee authorize signature			INITIALS	DATE
Received By (Signatur	Print Name Ext			Ext	Date			RECEIPT #			
Approver (Signature)			Print Name Ext				 Date				