

PEPPERDINE UNIVERSITY

PETTY CASH REIMBURSEMENT (2016) 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 |
|--------------|----------|------|------|---------|-------|---------|---------|---------|-----------|--------|
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| 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 # | |