UNIVERSITY OF HARTFORD
Student Administrative Services Center

PETTY CASH VOUCHER

I authorize _____________________________ to be reimbursed funds for the purchase of:
_________________________________________________________________________.
(List and attach original receipts)
at a cost of $___________ to be used in ________________________________________.
(Department Name)

Please charge account _________________________________.

Authorized Signature ________________________________

Received Payment: ___________________________ Date: __________________________
(Signature of authorized person requiring reimbursement)

Paid by: _____________________________________
(Authorized Personnel)

*Please note: Petty Cash reimbursement cannot exceed $25.00 per person, per line item each day.

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