

PERALTA COMMUNITY COLLEGE DISTRICT
REQUEST FOR PETTY CASH REIMBURSEMENT

COLLEGE _____
 From: _____ Date: _____
 REQUESTING STAFF MEMBER

To: _____
 NAME OF ACTIVITY (CID) _____ ACTIVITY NUMBER (CID) _____

Attached receipts were incurred for authorized college business as indicated.

DATE	DESCRIPTION	AMOUNT
	DATE _____	TOTAL _____
		REC'D BY _____

OFFICE USE ONLY CODING

College/Department approvals

Business Office (Budget Approval)

1. Approved _____
 SIGNATURE DATE

3. Approved _____
 SIGNATURE DATE

2. Approved _____
 SIGNATURE DATE

Account Number

LOC	FUND	COST CTR	OBJECT	PR	ACTIVITY	SUFF	FEDL	LINE CTR	AMOUNT

This reimbursement request must be submitted for payment before June 15 of the current fiscal year.
 DISTRICT BUSINESS OFFICE