UNIVERSITY OF ARKANSAS

SCHEDULE OF PETTY CASH DISBURSEMENTS

Department: _____

Fund Custodian: _____

Date: From _____ To: _____

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Reimbursement is requested for the following expenditures. Invoices, receipts, and supporting papers are on file in the office of this agency.

Ticket No.	Date	Payee	Item, Description and purpose	Amount

Certification of condition of petty cash fund:

Amount of Fund $ _____

Cash on Hand $ _____

Disbursements per Schedule $ _____

Total Reimbursement $ _____

I hereby certify that the amounts set out herein were legal obligations of the University of Arkansas and were paid from the Petty Cash Fund.

_____ _____

Petty Cash Fund Custodian Date