Petty Cash Voucher

(ID Required)

University of San Diego Office of Accounts Payable & Cashier's Office

1. Petty Cash Information				
Type of Request:	Petty Cash	Cash Advance	Travel Cash Advance	Date:

2. Payee Information		
Payee Name:	Ext:	USD Email:
Prepared by (if not prepared by Payee):	Ext:	USD Email:
Received by Signature:	Date:	**Amount:** 0.00

Please note: "Received by Signature" is to be signed at the cashier's office. By signing this form, you are certifying that the cash has been received.

3. Business Purpose (Justification)

4a. Funding - POETS

#	Project	Organization	Expenditure Type	Task	Source	Amount
1						
2						
3						
4						
5						

4b. Funding – GL String (If not Project related)

#	Fund Group	Organization	Account	Source	Project	Future	Amount
1						0000	
2						0000	

5. Approvals - I certify that the expense(s) itemized above have been reviewed and are accurate, allowable and an appropriate expenditure(s). It is within my budgetary authority to approve the expense(s).

Payee *(Required)*

Print Name:_____ Signature:_____ Date:_____

Budget Administrator *(Required)*

Print Name:_____ Signature:_____ Date:_____

Supervisor *(Required)*

Print Name:_____ Signature:_____ Date:_____

Vice President Approval *(if Applicable)*

Print Name:_____ Signature:_____ Date:_____

For Cashier's Office and Office of Accounts Payable Use Only

Cashier

Print Name:_____ Signature:_____ Date:_____

Cashier's and AP Notes:	Date Stamp - Received
Cash Advance – Original Receipts Required within Five (5) Business Days **Travel Cash Advance – VP Approval Required and Original Receipts Required within Ten (10) Business Days**	

Form updated March 2013