

PETTY CASH REIMBURSEMENT

*****CANNOT BE GREATER THAN \$100*****

Texas A&M University-Corpus Christi
 Business Office
 6300 Ocean Drive
 Corpus Christi, Texas 78412
 361-825-5774

DATE _____ REQ. NO. _____
 EMPLOYEE/STUDENT NAME _____
 SS# _____
 DEPT. CONTACT _____
 PERSON _____ Phone _____
 I authorize _____ to receive my reimbursement.
 Signature _____

| Item No. | Description | Total |
|----------|-------------|-------|
| | | |

Total Amount _____ -

Cash received by: _____ Date _____

*Business meals require attendee names and purpose.

ACCOUNT MANAGER

APPROVAL _____ Date _____

PRINTED NAME _____

Account Manager Certifies that the requested expenditure(s) are in compliance with

Federal, State and University regulations and sufficient budget is available in the account.

These purchases are exempt from State & City Sales Taxes under Chapter 20, Title 122A, Revised Civil Statutes of Texas.

Coding Area:

| Account Name | Account # | Object Code | Amount |
|--------------|-----------|-------------|--------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Total Amount _____ -

DISTRIBUTION: Original - for A/P; Yellow copy - for Accounting;
 Pink copy - for Bursar; Gold copy - for Department