

**McNeese State University
Administrative Accounting Policies and Procedures**



PETTY CASH VOUCHER

Date of Purchase	Vendor Name	Item Description	Amount	Department Name	Expenditure Code	Cost Center	Purchaser

I hereby certify that the items described have been received and purchased in accordance with the University's Establishment and Administration of Departmental Petty Cash or Change Funds Policy and should be placed in line for payment.

TOTAL REIMBURSEMENT

Budget Unit Head _____ Date: _____ Paid by cashier: _____ Date: _____

Accounting Office Approved by _____ Date: _____ Payment received by: _____ Date: _____

Date Revised/Approved -- April 2004

***** ORIGINAL RECEIPTS MUST BE ATTACHED *****