University of Maine System			PETTY CASH REQUEST					
PAYEE INFORMATION:								
Name:					Emplo	yee ID		
Campus Address:						•		
Phone:								
Payee's Signature:								
Reimbursement Guidelines	Amount of item	1 Description and nurnose for items nurchased:						
•Receipts must be originals								
•Receipts must be no more than 90 days old								
●Receipts can total no more than \$125								
●The University System is exempt from								
Maine sales tax. Employees will not be								
reimbursed for payment of sales tax.								
The Payee MUST sign this form.								
Account # * = Required Fields	Amount to be charged	* Unit	* DeptID	* Account	Class	* Fund	Program	Project
		\vdash		_				+
Total Amount of Request:			Money	received by:				
	l		Date:					
			-					
DEPARTMENT APPROVAL:								
Name:								
Campus Address:								
Phone:								
Auth. Signature:					Date:			

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