



**CALIFORNIA STATE UNIVERSITY, LOS ANGELES
UNIVERSITY AUXILIARY SERVICES, INC.**

PETTY CASH FUND REIMBURSEMENT SUMMARY

Department/Project: _____

No.	Date	Pay to: (Sig of Receptient)	Nature, Purpose of Expenditure	Amount	Acct Key*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

TOTAL:

Reconciliation

*Key	Acct Number (xxxxx-xx-xxxxx)	Amt	
A			Petty Cash Fund:
B			Less Expenditures:
C			Cash on Hand:
	TOTAL		

Signature of Custodian: _____

Approved by: _____

Date: _____

Date: _____

Attach disbursement slip along with original invoices or receipts.