

# WINONA STATE UNIVERSITY

## Petty Cash Voucher

Purchase Date	Vendor (Where purchased)	Items Purchased	Amount Must attach original receipt/s.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total amount to be reimbursed  
Cannot exceed \$100.00**

\$ \_\_\_\_\_

**I hereby certify that the materials covered by this claim have been received and are to be used for the official business of Winona State University, and I acknowledge reimbursement for the same.**

In order to meet auditing requirements, effective February 1, 2009, the signature of the person responsible for the budget, to which the expense will be charged, will be required on all petty cash reimbursement requests.

\_\_\_\_\_  
 Cost Center Number                      Cost Center Name (Department/Organization)

\_\_\_\_\_  
 Purchaser Signature                      Print Name                      Date                      Phone Number

New

\_\_\_\_\_  
**Signature of Responsible Party for Cost Center Budget**                      Print Name                      Date                      Phone Number

\_\_\_\_\_  
 Cashier Signature                      Date                      Business Office Approval (if required)                      Date