Save blank form | Clear | Print

Portland State UNIVERSITY

Cash Paid Out reimbursement due to Cashiers no later than 60 days following the purchase

CASH PAID OUT ☐ Personal Funds **OR** ☐ Departmental Petty Cash Fund

☐ PSU EMPLOYEE (Faculty/Staff) ☐ Student ☐ Other _____

NOT TO EXCEED **$60.00**, NOT FOR USE WITH GRANT FUNDS, TRAVEL, HOSTING OR MEALS (EXCEPT OVERTIME ELIGIBLE EMPLOYEES WORKING 2 OR MORE HOURS BEYOND THEIR WORK SHIFT).

ATTACH ***ORIGINAL*** RECEIPTS.

	RECEIPT DATE	VENDOR NAME	ITEM DESCRIPTION	AMOUNT
1.				$
2.				$
3.				$
4.				$

Attach additional forms if necessary. Use of this form to reimburse for purchases in no way excludes individuals or departments from compliance with established University purchasing procedures.

TOTAL $ 0.00

Business Purpose Required:

Item #	Index Code	Account Code	Activity Code	Amount

I certify that the expenses itemized above have been incurred in the performance of my official duties, and that the charges therefore are just and that no part thereof has been heretofore paid.	Claimant's Signature	DATE
I certify that the expense itemized above has been reviewed by me and are accurate, allowable, and appropriate. It is within my budgetary authority to approve this expense report.	Departmental Approval Print Name & Title - **REQUIRED**	DATE

Human Resources Use Only	Cashier's Approval	I hereby acknowledge receipt of $_____
Overtime Meals for _____ (date)	Signature Date	Claimant's Signature Date
Account Code – 28502	Print Name & Title - **REQUIRED**	Print Claimant's Name and Department
Earn Code – FPR Amount: $ _____		

CLAIMANT MUST APPEAR IN PERSON. SIGN THIS FORM AS A RECEIPT FOR CASH IN THE PRESENCE OF THE CASHIER IN THE LOBBY OF NEUBERGER HALL.

(Make any necessary copies before taking to the Cashiers)