RICE UNIVERSITY
Bursar's Office

Petty Cash Voucher

Section 1: Department Information

Department Name:_____ Date: _____

Requestor Name:_____

Phone: _____ Mail Stop: _____ E-Mail: _____

Section 2: Reimbursement Details

Date	Description of Expensed Items	Amount
	Total	$ 0.00

Account String (COA or Project)										
Entity	**Organization**	**Fund Type**	**Fund Source**	**Account**	**Classification**	**Program**	**Activity**	**Location**	**Future Use**	**Amount**

Project	Org	Expenditure Type	Task	Award	Funding Source	Amount
					Total	$ 0.00

Section 3: Authorization

Approver Name *(Print)* _____ Signature _____ Date _____

Cash Funded

Employee/Student Name *(Print)* _____ Signature *(Upon receipt of reimbursement)* _____ Date _____

Employee/Student ID Number _____ Amount _____

V.20240212.1

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