

CARLETON COLLEGE
PETTY CASH REIMBURSEMENT FORM

Name _____ Date _____

Department Name/Group Name _____

Cash in petty cash box \$ _____

Description	Purpose/Signature	Fund	Source	Dept	Expense	Amount

Total receipts for this reimbursement request..... \$ _____

Total of above \$ _____

Balance per general ledger \$ _____

Difference \$ _____

Explanation of Difference _____

Prepared by (Custodian)

Approved by Dept. Head or Supervisor

