

**Drew University**  
**PETTY CASH VOUCHER**  
 (request reimbursement from Petty Cash)

**Please Print:**

Pay to the order of : \_\_\_\_\_ Email: \_\_\_\_\_@drew.edu

Department/Area: \_\_\_\_\_

PURPOSE OF DISBURSEMENT	AIMS ACCOUNT NUMBER (required)	AMOUNT
TOTAL REIMBURSEMENT:		

***Petty Cash disbursement NOT to exceed \$50.00 per account number per day  
 All signatures below are REQUIRED to receive reimbursement.***

**Requested by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Dept Head Approval (VP or Dean):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_