

Cash Disbursement Voucher

Voucher for: (Please check one)

Date: _____

Petty Cash.....

Other Non-Travel Expenses.....

Charge Number: _____

Description of Expenditure:

Amount: \$ _____

Amount: _____ Dollars

Payee Name: _____

Payee Signature: _____

Supervisor Approval Signature: _____

Please attach all receipts to voucher. If faxing this document, please tape receipts to a separate page, photocopy it, and fax the photocopy to the Finance and Accounting Department. The original copy must also be sent to Finance and Accounting. Reimbursements will be made within seven (7) business days from receipt by F&A.