

**OLD DOMINION UNIVERSITY
ACCOUNTS PAYABLE PROCEDURE MANU**

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Title: Reconciling and Reimbursing a Departmental Petty Cash Fund

Procedure: 6-812

EXHIBIT 1



FORM PC-1
Revised 03/25/2011

UNIVERSITY PETTY CASH EXPENDITURE REIMBURSEMENT FORM

Date: _____

Department Name: _____

Payee Name: _____

Payee UIN# _____

Payee Permanent Address _____

Print Name of Approving Official _____

Print Name of Reimbursing Official _____

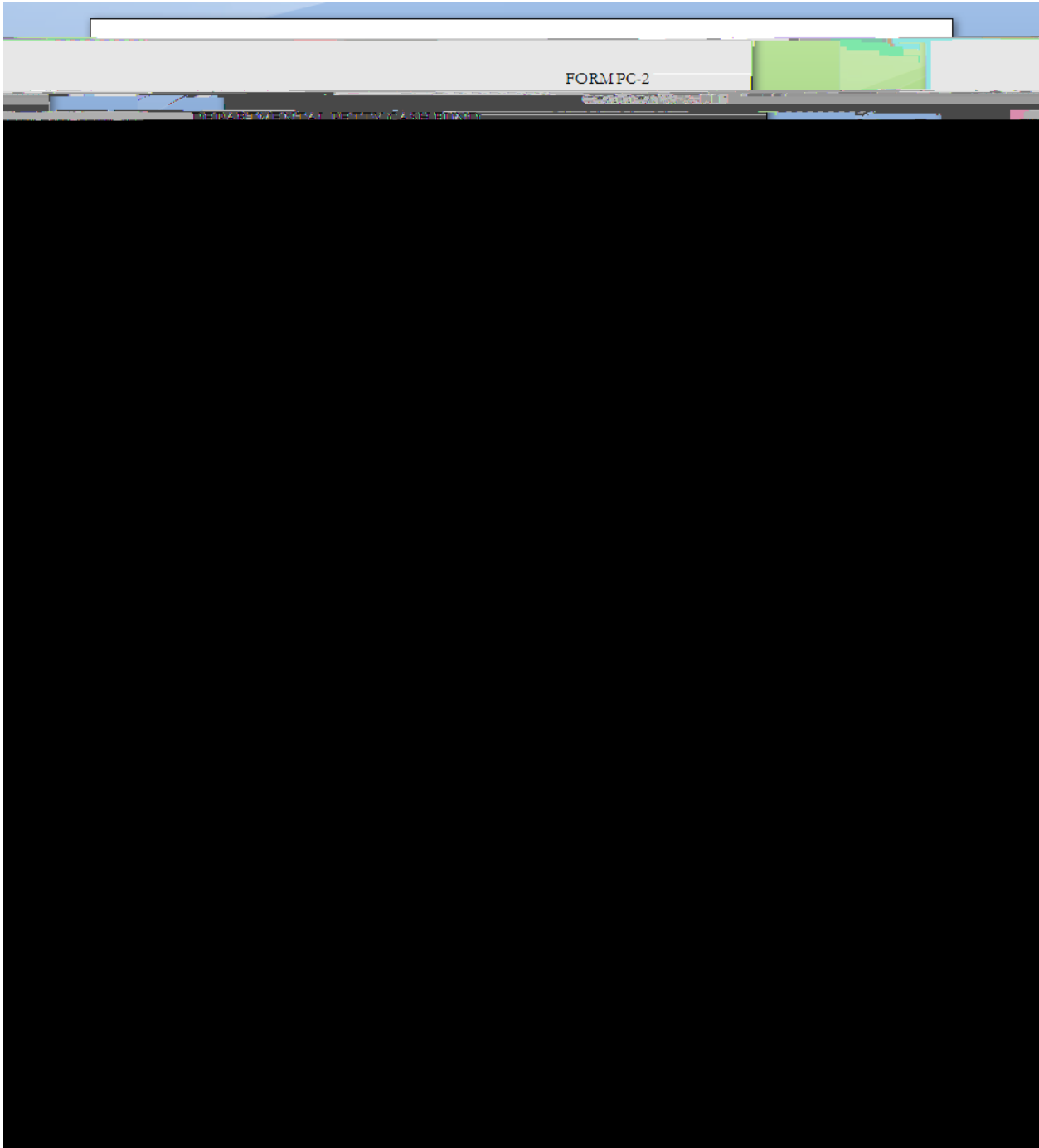
Print Name _____

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EXHIBIT 2

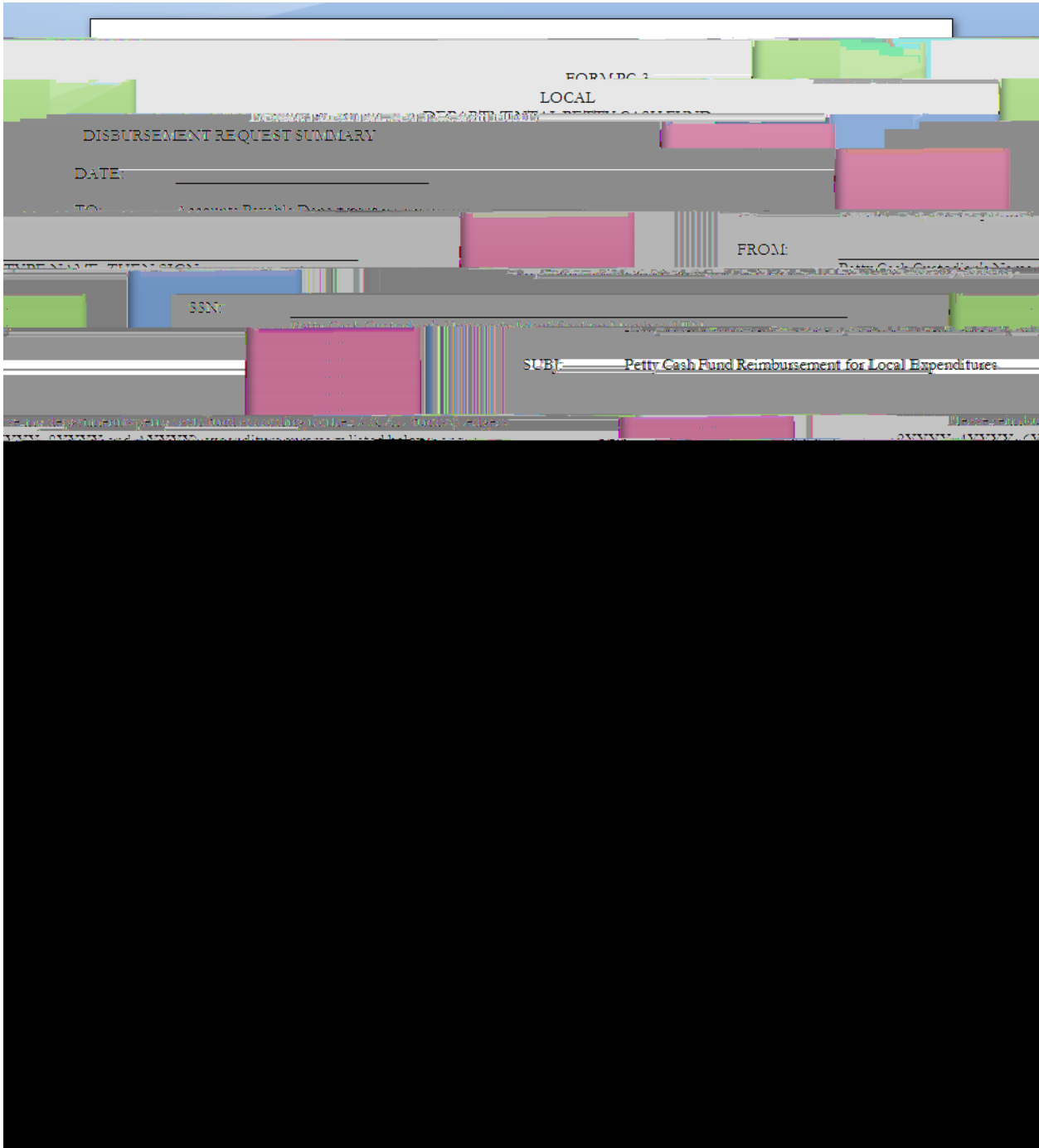


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EXHIBIT 3



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EXHIBIT 5

FORM PC-4

DEPARTMENTAL PETTY CASH FUND REIMBURSEMENT



Custodian: _____

Identification Number (UIN): _____ University Identifier _____

Budget Code: _____

Balance of Cash on Hand: _____

Outstanding Checks _____

Reimbursement Not Yet received _____

Total **Commonwealth** Expenditures
(Per Reimbursement Request Summary Form, PC
-2) _____

Total **Local** Expenditures

