

WHO SHOULD USE The Departmental Cash Fund Replenish Form:

The use of this form is limited to departments that maintain their own petty cash fund.

WHEN TO USE THIS FORM:

Submit this form to the **Working Fund Office** at least once a month to replenish the Departmental petty cash fund. Only cash purchases can be reimbursed using this form.

HOW TO COMPLETE THIS FORM:

Expense Itemization	Each expense must be supported by an original receipt.
Vendor:	List the name of the company from which the goods or services were purchased.
Amount:	Cost to be reimbursed. If the cash register receipt contains items not to be charged to petty cash (personal expenses), cross these amounts off the receipt.
Dept or Grant:	The department or grant to which the expenditure should be charged and the 6 digit account (subcode) number.
Total of Voucher:	Total of the amount column. Each amount must be supported by a receipt.
Cash Drawer Audit	Reconciliation of the departmental petty cash fund.
Cash in Drawer:	Cash on hand.
Total Receipts:	Petty cash used. These expenditures must be supported by receipts and match the amount total in the Expense Itemization section.
Petty Cash Fund:	Original amount of cash in the petty cash fund. Cash in drawer plus Total Receipts = Petty Cash Fund.
Reason for Payment:	Short explanation as to the reason each item was purchased.
Make Check Payable To:	Checks must be made payable to the department's petty cash custodian.
Signature of Requestor:	The signature of the department's petty cash custodian.
Dept/Div Head Signature:	The signature of an employee who is authorized to sign for the charge code to which the expense is being charged.

TOWSON UNIVERSITY

VOUCHER

DEPARTMENTAL CASH FUND REPLENISHMENT FORM

EXPENSE ITEMIZATION			CASH DRAW AUDIT
VENDOR	AMOUNT	Dept or Grant#	Cash in Drawer _____
			Total Receipts + _____
			Petty Cash Fund= _____
			Total receipts should
			equal the total of this
			voucher
Total of this voucher:			

Reason for Payment:

Make check payable to _____ (Petty cash custodian) _____ (Signature of Requestor)

Approved: _____ (Dept. or Div. Head Signature)

RECEIPTS, ORIGINAL, AND COPY MUST BE SUBMITTED WITH VOUCHER

Note: Account = old FRS subcode

FOR Financial Services OFFICE USE ONLY
Check No. _____
Date _____

T.U. - CODE BLOCK	Vendor Code:	
Charge to	Invoice #	
Dept/Grant / Account	Amount	PO#: C/P/F
	\$	Inv Date:
	\$	Mdse Rec Date:
	\$	Due Date:
Department Approval: _____		
Department Approval: _____		