THE FLORIDA STATE UNIVERSITY
FOUNDATION

Foundation Accounting
2010 Levy Avenue
Building B, Suite 300
Tallahassee, FL 32310
PH: (850) 644-1590 FAX: (850)644-3103

Petty Cash Disbursement Itemization

Petty Cash Custodian _____ Date _____

Petty Cash Fund # _____ Request # _____

Part I- Itemization

To be submitted with a Foundation Disbursement Request form. Receipts supporting expenditures listed below should be placed in an envelope and attached to this form.

Date	Payee	Purpose	Amount	Fund	Account
		Total Reimbursement Requested	0.00		

Part II-Reconciliation

The petty cash reconciliation must be completed to ensure timely reimbursement.
*For funds that were authorized to be held in a bank account, you must include a copy of the bank statement balance.

Cash on Hand	ones/ pennies	fives/ nickels	tens/ dimes	twenties/ quarters	Total $
# of Dollars					$0.00
# of Coins					$0.00
				Actual Cash on Hand	

Total Petty Cash Issued	
Reimbursement Requested on this report	0.00
Previous Outstanding Reimbursement Requests	
Receipts not submitted	
Balance on Bank Statement*	
Cash on Hand	
Unreconciled Amount	$0.00

I hereby certify that the information contained herein is true and correct.

_____ _____
Petty Cash Custodian Date

_____ _____
Fund Administrator Date