

**Idaho State University
Petty Cash Advance / Reimbursement Form**

Petty Cash Advance

Department Name: _____ Date _____

Invoice #: _____

Employee Receiving Cash: _____

(1) Amount Advanced: _____

Description of Intended Purchase:

Signature of Employee Receiving Advance

Fund Custodian Signature

Petty Cash Reimbursement

Index #	Account Code	Description of Purchase	Amount
(2) Total Purchases			
(3) Amount Advanced [From line (1) above]			
Settlement Amount [Line (2) minus line (3)] Positive Difference Reimbursed to Employee. Negative Difference Returned to Fund.			

Employee Signature

Date

Fund Custodian Signature

Date