

UNIVERSITY OF NEW MEXICO

## PETTY CASH VOUCHER

Receipts & Account Numbers Required  
For Reimbursement

DATE \_\_\_\_\_

PAID TO \_\_\_\_\_ AMOUNT \_\_\_\_\_

REASON \_\_\_\_\_

VENDOR \_\_\_\_\_

| INDEX CODE | ACCOUNT CODE | AMOUNT |
|------------|--------------|--------|
|            |              |        |
|            |              |        |
|            |              |        |
|            |              |        |

AUTHORIZED SIGNER \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ EXT. \_\_\_\_\_

CASHIER \_\_\_\_\_ SIGNATURE OF RECIPIENT \_\_\_\_\_

Please complete and return to Beth Walker for Reimbursement.