

**Eastern Washington University  
Office of Controller  
Petty Cash Reimbursement Voucher**

Purchaser (employee to be reimbursed): \_\_\_\_\_

Amount to be reimbursed: \_\_\_\_\_

Index/Account to be charged: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Purchaser: \_\_\_\_\_  
(indicates cash received)

Signature of Budget Authority: \_\_\_\_\_  
(maybe same as Administrative Supervisor)

Signature of Custodian: \_\_\_\_\_  
(indicates cash payment to purchaser)

Date: \_\_\_\_\_

***Valid vendor receipts must be attached to voucher.***