Cashier’s Office
Petty Cash Reimbursement Form

To receive reimbursement for approved business expenses:

1. Verify the GL Account has funding to cover the amount of the reimbursement. Reimbursements of $100 or less will be approved.
2. Complete the Petty Cash Reimbursement Form.
   - Do not complete this form if you have multiple reimbursements with a combined total exceeding $100. You must create a DVP requisition in Datatel for payment.
   - Complete a separate form for each GL Account used to reimburse the employee.
   - Signatures must be written in ink. Stamped signatures are not acceptable.
   - If you are a Cost Center Manager submitting a reimbursement for yourself, your supervisor must sign your Petty Cash Reimbursement Form.
3. Attach ORIGINAL receipts to the Petty Cash Reimbursement Form and submit to the Cashier’s Office.
   - Receipts for meals paid by exception to the per diem payment policy must have written on them:
     i. the purpose of business for the meal.
     ii. who was in attendance.
   - Please see the MCC Travel Guide for details on meal expenses paid per diem and the exceptions to the policy at https://www.mcc.edu/accounting/pdf_acct/travel-guide.pdf

BEFORE SUBMITTING THE FORM, VERIFY THE GL ACCOUNT HAS FUNDING TO COVER THE REIMBURSEMENT AMOUNT AND ANY ATTACHED MEAL RECEIPTS ARE DOCUMENTED.

Date: _______________________

Employee Name: _______________________________ Department: _______________________________

# of Receipts: _______  Reimbursement Total $ _________  Full GL Account #: ____________________________

I hereby certify that the goods and/or services purchased were received by and necessary for use of Mott Community College.

Employee Signature: ___________________________ Phone: ________________________________

Cost Center Manager Signature: ________________________________

Cost Center Manager Printed Name: ________________________________

FOR OFFICE USE ONLY

☐ Less than/equal $100.  ☐ Account is funded.
☐ CC manager/account match.  ☐ Approver signed for cc manager requests.
☐ Meal receipts document business purpose and attendees  or  ☐ NA.

Initials: ___________________ Date: ________________

Acknowledge Receipt of Funds:

Signature: _______________________

Printed Name: ___________________

Date: ___________________

Updated 11-2-18