

The Lawrence

PETTY CASH REQUEST

for low-value purchases <\$30

LHS CONTACT: _____

DEPT: _____

EMAIL: _____

DATE: _____

PURCHASE DETAILS

EVENT NAME: _____ DATE: _____

DESCRIPTION: _____

CHARGE TO:

BU	ACCT	FUND	DEPT	CF1	CF2	DEPT NAME	AMOUNT
1							
1							
1							

TOTAL:

FA APPROVAL	Print: _____	Signature: _____	Date: _____
SUPERVISOR/PI APPROVAL	Print: _____	Signature: _____	Date: _____

Please attach receipts and circle totals.

Itemize and indicate vendor name and address if not printed on receipt.

OFFICE ONLY:	Print: _____	Sign: _____	Date: _____
PICKED UP BY:	Print: _____	Sign: _____	Date: _____