University of Pennsylvania
Microbiology Department
Petty Cash Voucher Slip

Date of Expenditure: _____ Amount (less tax): $ _____

Recipient's name: _____ email: _____

Purpose: _____

Charge to: _____ - _____ - ___ - _____ - _____ - _____ - _____
CNAC ORG BC FUND OBJC PROG CREF

X _____
Signature of Approval for Expenditure

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TO BE COMPLETED by/at BUSINESS OFFICE:

Voucher No. _____ Reimbursement Date: _____

X _____ X _____
Business Office Custodian's Signature Recipient's Signature

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ATTACH ALL APPLICABLE RECEIPTS BELOW

Note: Petty cash will be dispersed for receipts up to $25; exception: Alcohol purchases. Complete top portion of Petty Cash Voucher Slip. Indicate date of expenditure, amount, recipient's name, purpose, and budget number to be charged. Tape original receipt to the bottom of the Petty Cash Voucher Slip; attach additional 8 ½" x 11" white paper, if required. Obtain PI/Supervisor's signature of approval. Bring original Petty Cash Voucher Slip and receipt to the Microbiology Business Office.