

Murray State University
Accounting & Financial Services
Petty Cash Replenishment

Organization Name: _____

FOAPAL #:

1- _____
 (Fund) (Organization) (Account) (Program)

For the period from: _____ to _____

Petty Cash Fund Account \$ _____

Less: cash on hand \$ _____

Replenishment Requested \$ _____

Cash Count

\$20.00		
\$10.00		
\$5.00		
\$1.00		
\$0.50		
\$0.25		
\$0.10		
\$0.05		
\$0.01		
Total		

Expenditures (Documentation must be attached):

Paid To: _____ For _____ Amount _____

FOAPAL Number to be charged:

1 - _____
 (Fund) (Organization) (Account) (Program)

Paid To: _____ For _____ Amount _____

FOAPAL Number to be charged:

1 - _____
 (Fund) (Organization) (Account) (Program)

Paid To: _____ For _____ Amount _____

FOAPAL Number to be charged:

1 - _____
 (Fund) (Organization) (Account) (Program) Program)

TOTAL (Must equal replenishment requested above) \$ _____

Fund Custodian

Date

Department Chair, Dean, or Director

Date