

**CENTRAL WASHINGTON UNIVERSITY  
 DIRECTOR OF FINANCE/ACCOUNTING OFFICE  
 FINANCIAL MANAGEMENT SYSTEM (FMS)  
 PETTY CASH REIMBURSEMENT/RECEIPT**



**I. REQUEST FOR REIMBURSEMENT:**

TO: \_\_\_\_\_ FROM: \_\_\_\_\_  
 PETTY CASH STATION DEPARTMENT

I T E M D E S C R I P T I O N

AMOUNT

_____	\$ _____
_____	_____
_____	_____

ACCT	FUND	DEPTID	PROGRAM	OP. UNIT	BDGT PD	Speedtype		
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**FMS CHARTFIELDS**

I certify that the item(s) listed above (from attached original receipted sales slip(s)) were purchased and paid for by me and are a proper charge to the state of Washington, Central Washington University and the department account shown above

\_\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_  
 SIGNATURE OF PURCHASER      DATE      AUTHORIZED DEPT. SIGNATURE/PRINTED NAME

**II. RECEIPT OF REIMBURSEMENT:**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_  
 Payee's Signature      DATE      P C F Custodian's Signature