University of Michigan–Dearborn

Hosting Documentation for Petty Cash Reimbursement*

Event ID#:_____ Date of Event:_____

Purpose of Event:_____

_____

_____

_____

**Amount: $_____ **Location:_____

Vendor(s) Name:_____

Contact Person:_____ Phone #:_____

Was this event in support of alumni, commencement or fundraising activities? Yes☐ No☐

List of Attendees:	University Affiliation:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ _____

Signature of Event Coordinator Date

*Attach this form (along with receipts) to the UM–Dearborn Petty Cash Reimbursement Form.

**Event must be under $25 and held on the University of Michigan –Dearborn campus per Administrative Guide Section 501.4-2.

4/17/02