

**UNIVERSITY OF MICHIGAN - DEARBORN
PETTY CASH VOUCHER***

Departmental Reference Number: _____

Paid To: _____ \$ _____
(Vendor) (Amount)

For: _____
[Description of Items(s)]

Account (1-6)	Fund (7-11)	DeptID (12-17)	Program (18-22)	Class (23-27)	Project/Grant (27-42)
------------------	----------------	-------------------	--------------------	------------------	--------------------------

Authorized Signer: _____
(Signature) (Phone)

Received Reimbursement _____ Cashier: _____
(Signature) (Initial & Date)

TAPE RECEIPTS BELOW OR ON ATTACHED SHEET

*Present this completed voucher, WITH ATTACHED RECEIPTS, to the Cashier's Office for reimbursement.
Petty Cash Vouchers over \$200 cannot be processed.