

Murray State University  
Accounting & Financial Services  
**Petty Cash Replenishment Request**

Department Name \_\_\_\_\_ Ledger Account # \_\_\_\_\_

For the period from \_\_\_\_\_ to \_\_\_\_\_

Petty Cash Fund Account \$ \_\_\_\_\_

Less: cash on hand (Count Below) (\_\_\_\_\_)

Replenishment Requested \$ \_\_\_\_\_

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Expenditures (Documentation must be attached):

PAID TO	FOR	ACCT.# TO BE CHARGED	AMOUNT
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TOTAL (Must equal replenishment requested above)

\_\_\_\_\_  
Fund Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair, Dean, or Director

\_\_\_\_\_  
Date

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Cash Count

- 20.00
- 10.00
- 5.00
- 1.00
- .50
- .25
- .10
- .05
- .01
- TOTAL