



# STUDENT ORG PETTY CASH DISBURSEMENT

BURSAR'S OFFICE WINDOW **G** Mon -Thurs 8:30 am - 5:00 pm & Fri 8:30 am - 4:30 pm

1600 Holloway Avenue, Admin. Bldg.361, San Francisco, CA 94132

**Petty Cash reimbursements cannot exceed \$100 or 90% of the student org fund balance.**

Student Organization Name: \_\_\_\_\_

Student Organization Account #: \_\_\_\_\_

Name (Please Print)	Date	Phone
Home Address, City, State, Zip Code		

Contact Extension: \_\_\_\_\_ Email: \_\_\_\_\_  
(@mail.sfsu.edu EMAIL ONLY)

PEOPLESOFT CHARTFIELD

Account	Fund	Dept	Program	Class	Project	Amount
660003		9100				
660003		9100				
660003		9100				
					Total	

Description/Purpose: \_\_\_\_\_  
\_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of person picking up funds)  
Student Org President or Treasurer

**I CERTIFY THAT: The undersigned requestor accepts full responsibility for submitting all supporting documentation (ORIGINAL receipts and other relevant documentation) within 24 hours of petty cash disbursement.**

**ACCOUNT AUTHORIZED SIGNATURE FINAL APPROVAL:**  
(Student Org President or Treasurer) \_\_\_\_\_

<b>Ucorp / Bursar Use Only</b>	
Student Org Fund Bal: _____	
Prepared by: _____	
UCorp Entered: _____	