

RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.
 PETTY CASH/IMPREST FUND
 REIMBURSEMENT REQUEST AND RECONCILIATION

M 548- 280

REIMBURSEMENT REQUEST

ISSUE CHECK TO - NAME AND ADDRESS	<ul style="list-style-type: none"> · RECEIPTS MUST BE ATTACHED · ONLY ONE LOCATION ON A FORM
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ITEM DESCRIPTION	ACCOUNT NUMBER	CATEGORY	P. O. NUMBER	AMOUNT

RECONCILIATION	REIMBURSEMENT REQUEST \$ _____
AUTHORIZED PETTY CASH OR IMPREST FUND AMOUNT \$ _____	

LESS [<ul style="list-style-type: none"> · BALANCE ON HAND · PRIOR REQUESTS NOT YET REIMBURSED · DISBURSEMENTS NOT YET SUBMITTED · OTHER - EXPLAIN ON REVERSE 	\$ \$ \$ \$	
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	SUBTOTAL (SUBTRACT) \$ _____
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SHOULD EQUAL THE REIMBURSEMENT REQUEST \$ _____
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FUND CUSTODIAN SIGNATURE _____ TITLE _____ DATE _____

APPROVAL SIGNATURE _____ TITLE _____ DATE _____

FOR BUSINESS OFFICE USE		
DATE RECEIVED	DATE ENTERED	ENTERED BY

FOR CONTROLLER'S OFFICE USE	
DATE PAID	SIGNATURE