PETTY CASH REIMBURSEMENT

DOCTORAL STUDENTS' COUNCIL, CUNY GRADUATE CENTER

To request reimbursement of a tip paid in cash for a service rendered, complete this form and have it signed by an authorized representative for your program, Chartered Organization, or grant. Submit this form with your check request and any receipts and include the amount in your total request.

Amount requested: $_____ Date of expense: _____

Type of expense:
- ☐ Delivery of food/beverages
- ☐ Transportation/cab
- ☐ Other _____

Recipient of petty cash: _____

Payee (should also be payee on check request): _____

I am a student representative for the _____ Program, Organization, or Grant, and I certify that the above named individual has received the amount being requested.

Name (please print): _____

Signature (REQUIRED): _____

Your Title/Role in the organization requesting: _____

----------FOR DSC USE ONLY----------

Approved by: _____ Date: _____
Co-Chair for Business, Doctoral Students' Council

Seconded by: _____ Date: _____
Co-Chair or Steering Committee Member, Doctoral Students' Council