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

Organization Na	ame:				
FOAPAL #:					
				_	
				Cash Count	
For the period from:		to		\$20.00	
				\$10.00	
Petty Cash Fund Account		\$		\$5.00	
				\$1.00	
Less: cash on hand		\$		\$0.50	
				\$0.25	
Replenishment Requested		\$		\$0.10	
				\$0.05	
				\$0.01	
				Total	
	Expen	ditures (Document	tation must be att	ached):	
Daid To	-				
Paid 10:	Fo	or	Am	ount	
FOAPAL Number t	o be charged: 	_	-		
	(Organization)			_	
Paid To: For		Am	ount		
FOAPAL Number t	•	_	_		
(Fund)	 (Organization)	(Account)	(Program)	_	
Paid To:	aid To: For			ount	
FOAPAL Number t	o be charged: 				
(Fund)	(Organization)	(Account)	(Program)	_	
TOTAL (Must equal replenishment requested above)				\$	
Fund Custodian				Date	
Department Chair, Dean, or Director				Date	
Dopartinent One	an, Doan, or Directo	1		Date	