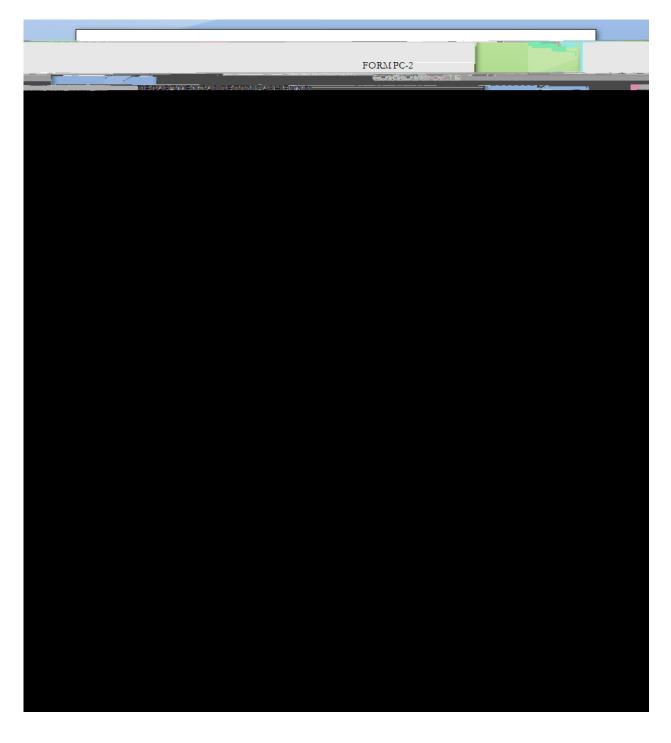
Title: Reconciling and Reimbursing a Departmental Petty Cash Fund	Procedure: 6-812
EXHIBIT 1	
	FORMERA
	FORM PC-1 evised 03/25/2011
Date: De	partment Name:
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 Title: Reconciling and Reimbursing a Departmental Petty Cash Fund
 Procedure: 6-812

EXHIBIT 2



REVISED 4/2023

 Title: Reconciling and Reimbursing a Departmental Petty Cash Fund
 Procedure: 6-812

EXHIBIT 3

LOCAL	
DISBURSEMENT REQUEST SUMMARY	
DATE:	
TO,	
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SSN:	
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Title: Reconciling and Reimbursing a Departmental Petty Cash Fund

EXHIBIT 5

FORM	PC_{-4}
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1.5050000 (11800)	
	Custodian:
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rsity Identification Number (UIN):	U
t Code:	B
	Balance of Cash on Hand:
	Outstanding Checks
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Reimbursement Not Y	et
	10 11 12 15
	otal Commonwealth Expenditures (Per Reimbursement Request Summa
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