



Form 2815 FR.04  
Petty Cash Replenishment Form

Revised 5/15/2017

Custodian Name: \_\_\_\_\_

Custodian/Vendor #: \_\_\_\_\_

Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Campus Address: \_\_\_\_\_

This form requires a Transaction Control Number (TCN) [TCN](#)

PCR#: \_\_\_\_\_ (enter TCN here)

1. Name of Individual Receiving Funds: \_\_\_\_\_

Yale Designated	Grant	Gift	Cost Center	Program	Project	Spend / Revenue Category	Ledger Account	Location	Assignee	Amount

2. Name of Individual Receiving Funds: \_\_\_\_\_

Yale Designated	Grant	Gift	Cost Center	Program	Project	Spend / Revenue Category	Ledger Account	Location	Assignee	Amount

3. Name of Individual Receiving Funds: \_\_\_\_\_

Yale Designated	Grant	Gift	Cost Center	Program	Project	Spend / Revenue Category	Ledger Account	Location	Assignee	Amount

4. Name of Individual Receiving Funds: \_\_\_\_\_

Yale Designated	Grant	Gift	Cost Center	Program	Project	Spend / Revenue Category	Ledger Account	Location	Assignee	Amount

Authorizer's Name:	Total Expenditures:	
Authorizer's Signature and Date:	Reimbursements Pending:	
Custodian's Signature and Date:	Cash on Hand:	
	Total Approved Petty Cash Fund:	
<p>The authorizer certifies that the request for petty cash replenishment is for the purpose of University business and is in compliance with both Yale policies and procedures, and the policies of any sponsoring agencies funding these activities. Should any portion of this reimbursement be found non-compliant with Yale University policy, the fund will be reimbursed within thirty (30) days of notification.</p>		

Submit completed forms to: Accounts Payable, 25 Science Park, 5<sup>th</sup> Floor : Please attach Petty Cash Fund Vouchers with Original Bills and Receipts.

For Accounts Payable Use Only

Approved by (Name and Date):	Reviewed by (Name and Date):
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Questions? Contact [agnes.siniscalchi@yale.edu](mailto:agnes.siniscalchi@yale.edu)