



University of Wisconsin Stevens Point

Petty Cash Replenishment Form

Once completed, please bring this form to Payment Services located at 041 Old Main.

Checklist:

- All Money is Reconciled
- Original Receipts Attached (in scan-ready format)
- Names & Signatures of Cash Recipients Attached (in scan-ready format)

Fund Custodian: _____

Employee Id: _____

Contact Email: _____

Phone: _____

Department Name: _____

Dept. Account: _____

Description and Purpose of Expenditures (please attach additional pages if more lines are needed):

<i>Expense</i>	<i>Purpose</i>	<i>Amount</i>	<i>Funding String</i>

Total: _____

Authorized Signatures (more than one WISER Manager's signature may be needed if multiple funding strings are used):

Fund Custodian Signature: _____

Date: _____

WISER Manager Signature: _____

Date: _____

If you have any questions on completing this form, please contact Payment Services at 715.346.2052.

To be completed by Payment Services:

Amount: _____ Date: _____

Verified by: _____