BENNINGTON COLLEGE

PETTY CASH REIMBURSEMENT FORM

DEPT #: _____

COVERING PERIOD FROM ____/____/____ TO ____/__

PAYABLE TO: _____

DATE: _____

LIST ACCOUNT TO BE CHARGED AND AMOUNTS
(Accounts across/ Amounts down)

	Sub Accounts								
RECEIPT DETAIL	**AMOUNT**								
TOTALS:									

RECONCILATION:

STARTING CASH: _____

less TOTAL EXPENDITURES: _____ * Itemized Above

CASH REMAINING: _____

APPROVED: _____

__/____