



# Form AP-15 Petty Cash Reimbursement

Attach receipts and submit to Accounts Payable at [payables@txstate.edu](mailto:payables@txstate.edu) for reimbursement.

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

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

Contact Name: \_\_\_\_\_

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

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

Purchase Date	Vendor Name	Item Purchased	Justification	Cost Center	Fund	GL#	Amount

**TOTAL:**

Departmental Approval: \_\_\_\_\_ Date: \_\_\_\_\_

AP Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature