# UNIVERSITY OF MICHIGAN - CASHIER'S OFFICE

CENTRAL CAMPUS

2226 Student Activities Building

Phone (734) 764-7447 Fax (734) 647-0061

**MEDICAL CAMPUS** 

2B222 University Hospital

Phone (734) 936-6906

(734) 936-6910

## PETTY CASH PROCEDURES FOR DEPARTMENTS

The person receiving the cash must completely fill out the top portion of the form. All receipts must be taped (no staples) to the front side of the form, not overlapping. Additional blank sheets may be used, receipts taped to one side only.

Each original receipt must have an authorized signature and a description of items purchased written on it.

An authorized signature is required at the bottom of the form.

Petty Cash on Federal Fund accounts (fund 20000) can not be used for food items.

Maximum of \$200.00 per receipt, a maximum of \$200.00 per person, per day.

Cash only.

# NO HOSTING ON PETTY CASH

#### ACCEPTABLE RECEIPTS:

#### **ACCEPTABLE ITEMS:**

Original Receipts

Original Canceled Checks or

Bank Statement

**Original Credit Card Statements** 

Original Telephone Bills

Original Invoices Receipts Via Web

Office supplies

US Postal Services, Stamps

Computer Lab use

Required Class Expenses (Lab Fees)

Telephone toll charges (flat rate excluded) Food items for office use (hosting excluded)

Snacks for office meeting-donuts, bagels, cookies, coffee, pop (Meals not acceptable)

Required Medical Expenses (physical exams & rehabilitation)

Gas for a University vehicle (must have vehicle number included on the receipt)

Drivers Test Fee (test required by University)

Conference Registration Fees

Permit Fees Subscriptions

Comcast Internet Service (for research only) Food, Dinner, Movies (MED REHAB ONLY)

# RECEIPTSTHAT ARE NOT ACCEPTABLE:

Photo copies of any receipts must be the original itemized receipt.

Documents not showing an amount or method of payment (invoices, order confirmations, etc.)

Receipts for:

Food purchased in pizza, fast food or other restaurant establishments

Food used to host an event

Services (shipping and freight services other than US Postal Services, repairs, rentals, etc.)

Advertisements (considered a service)

Gas for personal or rented vehicles from outside agencies

Parking or Parking Tickets

Rented vehicles and related expenses (this includes Zipcars, U-Haul, etc.)

University Parking permits Bus tokens to and from work. Cab fare or Limousine service Greeting cards and gift wrap

Flowers, gifts or gift cards & certificates

Tickets to events Membership dues

Internet access-monthly service fees



#### **Instructions:**

1. fill the form as so, let a instructor sign the receipts

2. make a copy of everything for the instructors

# The University of Michigan 3. Give Yolonda the petty cash form PETTY CASH FORM4. pick the form back from Yolonda a week later

5. go to Credit Union on north campus, you will get cash (bring your UMID & driver's license/passport/...)

Please complete this form in its entirety. Without this information you cannot be reimbursed through our petty cash fund. Each original receipt must have an authorized signature and a description of items purchased written on it. A maximum of \$200.00 per receipt, \$200.00 per day. Please tape all of your receipts (No staples) to this form in the space provided, if necessary additional blank sheets may be used. Bring the completed form to the appropriate office for reimbursement. Two pieces of valid identification are required.

**EECS/CSE** Department #764-1688 Telephone # <your UMID> **UMID#** Reason for Purchase EECS 473 project <less than \$200, e.g. \$123.45> **Numerical Amount** <e.g. One Hundred twenty three and 45/100 dollars> Written Amount Name Printed <your name> (person receiving cash) <your signature, do not sign it until you go to Credit Union> Signature

(I acknowledge receipt of the above stated cash amount.)

ChartField Combination

Bus Unit	Account	Fund	Department	Program	Class	Project/Grant
	(6)	(5)	(6)	(5)	(5)	
UMICH	618350	30000	215900	CHDIS	11000	G016253

Your receipt

- 1. original and itemized
- 2. showing amount
- 3. method of payment

Tape receipts in this space (no staples). If necessary, additional blank sheets may be used.

### **IMPORTANT**

Each original receipt must have written on it:

- An authorized signature
- \* A description of items purchased

Your reimbursement will not be processed if any of the above items are omitted.

Put description on each receipt

Let a instructor sign each receipt

I certify that the terms, restrictions, and qualifications set forth in this form's administration policy are met and that the payments are in compliance with all conditions imposed by the funding source.

Kelly Cormier CSE Dept Manag	er
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Approver Name\* & Title

**Approver Signature** 

Date

764-8505

Approver Phone Number & Uniquame

(M-Pathways Authorized Purchaser, Project Director, Department Manager or Department Manager's Higher Administrative Authority)

<sup>\*</sup>Individual(s) signing as the authorized signer and/or approver must not be the individual receiving reimbursement.