

Student Reimbursement Check Here

Employee Reimbursement Check Here

Payee _____ Date _____

FOAPAL Accounting String _____ Amount \$ _____

I certify I made this purchase on behalf of Florida Tech _____
Signature of Payee

Description for Banner Posting _____

Approved By _____
Signature

Approved By _____ Ext. Number _____
Print Name

If Grant Funded: Principal Investigator _____ Date _____
Signature

OSP _____ Date _____
Signature

Received By _____ Date _____
Signature

Received By _____ Date _____
Print Name

You may review petty cash policy at http://web2.fit.edu/financial-services/documents/doc_mgr/1577/Petty%20Cash%20Policy