

PETTY CASH PAY-OUT REQUEST FORM

Student Organization Finance Office

Norris University Center

(847) 491-2328 ♦ sofo@northwestern.edu

Receipt Date (earliest): _____

Voucher No: _____

Account Name _____

Account No. 20 ____ - ____ - ____

Explanation of Expenditure(s)

(Requires inclusion of purpose, event, and event dates associated with the expenditure)

Amount

Total _____

Payee Information (Please print carefully. All fields must be completed.)*

First Name (Legal) _____

Last Name (Legal) _____

Street Address (Permanent) _____

NetID _____

City/Province _____

Student/EMPL ID _____

State, Zip Code, Country _____

Mobile Phone _____

NU Email Address _____

*Caution: The student organization assumes the **financial risk for loss of funds** due to faulty information provided on this form. Information is considered faulty if it is incorrect, inaccurate, or unclear due to, but not limited to, misspelling, typos, transposition, or poor penmanship. It is the responsibility of the organization's officer to verify that the information is accurate with the payee and that it is legible with the financial assistant. **Distribution of funds based on faulty information may not be reversible or recoverable.**

Officer Attestation of Expenditure

As an officer registered with SOFO, of the student organization named above, I certify that this accounting of expense is correct. I also attest to having personally verified that the paid amounts listed above were in fact made and were appropriate with respect to the organization's charter/mission.

Name _____
PRINT

Treasurer President

Signature _____
/ DATE

SOFO
FINANCIAL
ASSISTANT _____
/ DATE

SOFO
ADMINISTRATOR _____
/ DATE

CASHIER'S OFFICE
ADMINISTRATOR _____
/ DATE

For Office Use Only:

Posted to _____ Submitted to _____
Denali _____ Treasury _____
Date Date

New Load
 Reload

Date
Activated _____ Admin _____
Date
Created _____

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INSTRUCTIONS: Tape down all four sides of each receipt completely to this pay-out form in the space provided below. Use additional sheets of paper if necessary. Full page invoices may be attached to the back of this form. Cash reimbursements are made at the Cashier's Office from a supervisor. Officers are expected to present their WildCARDS when requesting reimbursements. Cash reimbursements are limited to a maximum of \$30.00 per purchaser per day. Multiple pay-out forms for a single purchaser must be issued as a check if greater than \$30.00. Cash reimbursements will not be available for requests made 85 days after the date of the expenditure (as recorded on the supporting documentation).

USE ADDITIONAL SHEETS IF RECEIPT(S) DO NOT FIT IN THE SPACE PROVIDED ABOVE