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. 2 0 __ __-__ __ __-__ __

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

<table>
<thead>
<tr>
<th>Explanation of Expenditure(s)</th>
<th>Amount</th>
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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 _________________________________________  
Treasurer ☐  President ☐
Signature ___________________________  
/ DATE

SOFO FINANCIAL ASSISTANT ___________________________  
/ DATE

SOFO ADMINISTRATOR ___________________________  
/ DATE

CASHIER’S OFFICE ADMINISTRATOR ___________________________  
/ DATE

For Office Use Only:

Posted to Denali Submitted to Treasury ☐ New Load  
Date ___________________________  
Activated Date ___________________________  
Admin ______

Date ___________________________  
Reload Created ___________________________  

Page ___ of ___
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