

DEPARTMENT OF FINANCE AND ADMINISTRATION
 FINANCIAL CONTROL DIVISION
Petty Cash Reimbursement Form
 Limit per item/purchase _____

Invoice Number _____
 (YYYYMMDD Petty Cash)

Invoice Date _____
 (Signature date of form)

I, _____ certify that actual receipts for expenses in the amount of
 (Petty Cash Custodian name and business unit).

\$ _____ incurred doing business for the State of New Mexico.

Date	Account code	Item	Reason for purchase	Amount
			Total	

 Petty Cash Custodian Signature

 Date