|  |  |  |
| --- | --- | --- |
|  | **Associated Students of Gavilan College****Petty Cash Reimbursement Form**Student Center **∙** 5055 Santa Teresa Blvd. Gilroy, CA 95020 **∙** (408) 848-4777 |  |

**\*\*\*\* Attach Original Receipts\*\*\*\***

For the reimbursement of purchases made for ASGC or club materials and supplies *only.*

*Original receipts must be attached.* **NOT** to exceed $50.00.

Reimbursements in excess of $50.00 must use the ASGC Requisition Form.

Claim submitted by:

Date of Purchase:

Club Name:

Program Code: Account Code:

Items purchased from:

Description of item:

Amount (not to exceed $50.00)

Club Advisor Authorization: Date:

ASGC or Club VP of Finance Authorization: Date:

(Your signature verifies funds are available and this is an appropriate expense)

ASGC Advisor Authorization: Date:

VP of Student Services: Date:

**Hand deliver** to: Cashier, located in Business Services Building.

Hours: 9:00-3:00 Mon-Thu 9:00-12:00 Friday, Closed 12-1 Daily

Cash Received By: Date: