



# Drexel University

## Cash Request Form

Submit to the University City Cashiers, Main Building, 1<sup>st</sup> Floor  
(Available to Drexel University students, faculty and staff only.)

Use this form to request a cash reimbursement of up to \$100 for out-of-pocket business expenses such as office supplies, postage, books, local taxi fare and parking fees. Attach original receipts for each reimbursement requested. All cash reimbursements are subject to audit.

Reimbursements exceeding \$100 must be submitted to the Accounts Payable Office (3201 Arch Street, Suite 400) on a Check Request Form, Travel Expense or Local Business Expense Report available at <http://www.drexel.edu/depts/compt/ap/index.html>. Salary and compensation payments must be submitted to Human Resources Information Systems, 3201 Arch Street, Suite 430.

**Payee Name** (Print): \_\_\_\_\_ **Payee ID:** \_\_\_\_\_  
(Present valid Drexel ID.)

**Amount:** \$ \_\_\_\_\_ **Cost Center:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Must be supported by original receipts.) (Fund) (Org.) (Acct.)

**How was expense paid?** ..... credit card ~~.....~~ debit card ~~.....~~ cash ~~.....~~ other

**Reason for University business expense:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Information:**

Department/Account Name: \_\_\_\_\_  
Payee Email Address: \_\_\_\_\_  
Payee Campus Phone: \_\_\_\_\_

**Payee Signature** (Signed at Cashiers' window as proof of cash received):

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(I certify that the information provided on this form is true and correct.)

**Authorization** (Individual having signature authority for the cost center above):

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If the expense is funded by a GRANT or CONTRACT, I certify that the expense complies with all applicable cost principles and regulations of the sponsoring entity.)

Consult <http://www.drexel.edu/depts/compt/index.html> for the complete Cash Reimbursement Procedure.