Sally
- Petty
cash

AMERICAN UNIVERSITY
WASHINGTON, DC

OFFICE OF THE CONTROLLER

DISBURSEMENT REQUEST

296745

PAYEE INFORMATION	
NAME OF PAYEE: Sally Effurt (Petty Cash)	AU EMPLOYEE (CHECK ONE) ☐ YES ☐ NO
ADDRESS OF PAYEE (Campus address only if AU employee)	
STREET	
CITY / STATE / ZIP CODE	
REQUESTING DEPARTMENT	DEPT. PHONE #
SOCIAL SECURITY NO. / FEDERAL I.D. NO.	(CHECK ONE) ☐ Individual ☐ Corporation ☐ Sole Proprietorship/Partnership
U.S. CITIZEN? (please confirm) ☐ YES ☐ NO	

For Use by the Office of the Controller Only

0110845

☐ CXR ☐ EXP

AMOUNT $ 840.29

AUDITED BY: [illegible] DATE: 2/4/03

DATE	DESCRIPTION	AMOUNT
1-31-03	Petty Cash Reimbursement for Residence	
	TOTAL	$ 840.29

CHECK ONLY ONE FOR DISTRIBUTION

☐ HOLD FOR PICKUP AND CALL EXT. _____

☐ SEND CAMPUS MAIL TO: _____ Building _____ Room No.

☐ SEND U.S. MAIL

A.U. EMPLOYEE SIGNATURE (for personal reimbursements only) DATE
I certify that the above charges, incurred by me, are correct and proper.
Sally W. Effurt 1-31-03

AUTHORIZED APPROVAL SIGNATURE DATE

BUDGET ACCOUNT NUMBER: 10620203-52101-00000 $ 840.29

RESTRICTED APPROVAL DATE

[illegible] 2/4/03

Rev. 03/00

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