

FI 53
09/2022
Division of Finance

Attach form to your GAX
requesting payment

Questions: (801) 957-7760
fi_disbursements@utah.gov

Single Check Flag

Yes No

Scheduled Payment Date

MM/DD/YYYY



Voucher Date
MM/DD/YYYY

Accounting Period /
MM YY

Budget FY
YYYY

New Modification

Custodian #

Custodian Name

Address

City

State

Zip

Transaction I.D.

GAX
Doc Code

Dept.

Document I.D.

Department Control #

Document Total

PETTY CASH REIMBURSEMENT REQUEST

Line #	Date MM/DD/YYYY	Description	Fund	Dept	Unit	Approp	Obj	Act	Func	Program	Phase	Balance Sheet Acct.	Amount
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													

*Prepared by

*EIN

*Phone

*Date

*Dept. Name

* Division

*Submitted Date

**Please Attach Payee List
Attach Additional Pages If Needed**

