

**Note:** Some features may not work when completing the form in the browser. Please download forms to a PDF before entering information. All forms are downloadable PDFs.

FI 53  
07/2022  
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

Transaction I.D.		
GAX	Dept.	Document I.D.
Doc Code		

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**

For the Period From (mm/dd/yyyy)		TO (mm/dd/yyyy)	
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Date MM/DD/YYYY	Payee	Explanation	Amount
			<b>Page Total</b>

I hereby certify that the service or purchases represented by this request were received and authorized and that they represent proper charges against the State. I further certify that this request accurately reflects the condition of the Petty Cash Fund.

<b>Plus Cash on Hand</b>	
<b>Less Other Items</b>	
<b>Plus Other Items</b>	
Equals Original Fund	

\*Department Head or Authorized Agent Approval

\* Fields Required to Submit Form