



1200 Centre Street, Boston, MA 02131

Reference # _____

Marcus Institute - Request for Payment: Petty Cash

****This form is for use by Marcus Institute employees and all non Marcus Institute sponsored accounts****

To: Fiscal Services Account#: _____

From: Employee Requesting Payment Date of Request: _____

Ext. #: _____ Department: Marcus Institute

THIS FORM IS TO BE USED FOR AMOUNTS UP TO \$25.00 ONLY. Original invoices and/or receipts to document expenses must be attached to this form. Submit this form to the Fiscal Cashier's Desk. Recipients will notified by E-mail within 2 business days for pickup.

1) Description of services/supplies/expenses and business purposes: _____

2) Total Amount requested: \$ _____

3) Signatures required for payment

a) _____
Employee requesting payment

b) _____
Authorized Account Signatory

c) _____
Employee's Supervisor
(*if different from Account Signatory)

4) Received by:

a) _____
Employee picking up payment

b) _____
Date