

Johns Hopkins  
Accounts Payable Shared Services – Petty Cash Unit  
**Petty Cash Voucher**

Received By (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Research Participants Only:

\_\_\_\_\_ Social Security Number – last 4 digits \_\_\_\_\_ Participant I.D. Number

\_\_\_\_\_ Street Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

Total Amount: \$\_\_\_\_\_ Dollar Amount (in words): \_\_\_\_\_ Dollars

Charge To:

\_\_\_\_\_ Fund \_\_\_\_\_ Business Area \_\_\_\_\_ Cost Center or Internal Order \_\_\_\_\_ General Ledger Number

In the Amount of: \$\_\_\_\_\_

\_\_\_\_\_ Fund \_\_\_\_\_ Business Area \_\_\_\_\_ Cost Center or Internal Order \_\_\_\_\_ General Ledger Number

In the Amount of: \$\_\_\_\_\_

\_\_\_\_\_ Fund \_\_\_\_\_ Business Area \_\_\_\_\_ Cost Center or Internal Order \_\_\_\_\_ General Ledger Number

In the Amount of: \$\_\_\_\_\_

Description/Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
Approved for Payment by (print)

\_\_\_\_\_  
Approver Signature

**This form is for departmental use when operating a Petty Cash Fund. Petty Cash recipients complete the voucher and when the department submits the online payment request to replenish the fund, the voucher is part of the supporting documentation. Attach the supporting documentation to the online payment request in SAP or fax all pertinent documentation to A/P Shared Services for processing. Fax # (443-287-9357)**

Accounts Payable Shared Services – Petty Cash Unit  
Johns Hopkins @ Keswick  
3910 Keswick Road, Ste. N4300  
Baltimore, MD 21211

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