



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

CASH FUND REIMBURSEMENT FORM

Date: _____

To: TTUHSC Accounting Services
Attn: Cash Fund Accountant
Mail Stop 6274
Lubbock, TX 79430

From: _____

This document serves as a request for cash fund reimbursements.
Please process a check for the following amount:

Original Cash Fund Balance: \$ _____
Less Cash on Hand: - \$ _____
Equals Cash Fund Reimbursement: \$ _____

FOP: _____ 570000
(Fund-Org-Prog) *Over/Short Account*

- Attached explanation regarding shortage and resolution to prevent future shortages
- Attached documentation showing notification to Audit Services for shortages over \$100
- Attached documentation showing notification to TTUHSC Police Department for shortages over \$100

Check Handling:

_____ Call me to pick up the check at phone # _____
 (Check will need to be picked up from Payment Services located at SW Campus Suite 205)

_____ Mail check to the above address.

Sincerely,

Collection Custodian