

# College of the Holy Cross

## CASH PAYMENT REQUEST

ACCOUNT	FUND	ORGANIZATION	PROGRAM	SUBCLASS	PROJECT/GRANT

Person to be reimbursed: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Department: \_\_\_\_\_

Description of expense and purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature  
(to be completed by Department Head only)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date