



Petty Cash Form

Doc ID # _____

Purchased From: _____

Date: _____

Purchased By: _____

Dept: _____

TOTAL: _____

_____	_____	_____	_____	_____	_____	_____	_____	_____	\$
Budget Pool	Oper Unit	Dept ID	Fund	Program	Project	Account	Class		<u>AMOUNT</u>

_____	_____	_____	_____	_____	_____	_____	_____	_____	\$
Budget Pool	Oper Unit	Dept ID	Fund	Program	Project	Account	Class		<u>AMOUNT</u>

Quantity	Purpose and Description	Price
Total		

 Approved By Ext _____

RECEIVED BY Ext _____

Yes / No Official Function
 (complete below if applicable)*

ATTACH ORIGINAL RECEIPT TO THIS FORM. SALES TAX SHOULD NOT BE PAID.

*Persons attending:

 NAMES

 AFFILIATION AND POSITION/TITLE

Office Use Only	
_____	_____
Initials	Date Stamp