

## Petty Cash Receipt

**Date:** \_\_\_\_\_

**Receipt  
No.:** \_\_\_\_\_

**Payee  
Name:** \_\_\_\_\_

**Amount:** â,± \_\_\_\_\_

**Purpose:** \_\_\_\_\_  
\_\_\_\_\_

**Submitted  
By:** \_\_\_\_\_  
Name & Signature

**Approved  
By:** \_\_\_\_\_  
Name & Signature

For internal reimbursement use only. Attach supporting receipts if available.