

# Petty Cash Receipt

Date:

Receipt No.:

Requested By:

Department:

**Itemized Expenditures**

No.	Description	Account/Project	Amount
1	<input type="text" value="Office Supplies"/>	<input type="text"/>	<input type="text"/>
2	<input type="text" value="Transportation"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			<input type="text"/>

**Purpose/Notes:**

**Requested By:**

**Approved By:**

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Signature & Date