

Petty Cash Receipt

Date:

Receipt No.:

Requested By:

Department:

Itemized Expenditures

No.	Description	Account/Project	Amount
1	Office Supplies	<input type="text"/>	<input type="text"/>
2	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: