

# Petty Cash Expense Form

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

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

Prepared By: \_\_\_\_\_

Date	Description of Expense	Receipt/Invoice #	Amount (USD)	Approved By
__ / __ / __	Stationery Purchase	12345	25.00	_____
__ / __ / __	Refreshments for Meeting	12346	15.50	_____
__ / __ / __	Parking Fee	12347	8.00	_____
<b>Total:</b>			<b>48.50</b>	

Requested By: \_\_\_\_\_

Approved By: \_\_\_\_\_

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

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

*Please attach all relevant receipts or invoices to this form before submitting for reimbursement.*