PETTY CASH VOUCHER

I authorize ___________________________ to be reimbursed funds for the purchase of:

_________________________________________________________________________.
(List and attach original receipts)

at a cost of $____________ to be used in _________________________________.
(Department Name)

Please charge account ____________________________________.

Authorized Signature __________________________

Received Payment: ___________________________ Date: _________________
(Signature of authorized person requiring reimbursement)

Paid by: _________________________________
(Authorized Personnel)

*Please note: Petty Cash reimbursement cannot exceed $25.00 per person, per line item each day.

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