

# Departmental Petty Cash Expense Form

Department Name

Enter department name

Prepared By

Name of preparer

Date

Petty Cash Custodian

Name of custodian

Petty Cash Fund Number

Fund number

| Date        | Description of Expense          | Account Code         | Amount      | Payee                    | Receipt Attached  |
|-------------|---------------------------------|----------------------|-------------|--------------------------|-------------------|
| <div></div> | <div>e.g. Office supplies</div> | <div>e.g. 6010</div> | <div></div> | <div>e.g. John Doe</div> | <div>Yes/No</div> |
| <div></div> | <div></div>                     | <div></div>          | <div></div> | <div></div>              | <div></div>       |
| <div></div> | <div></div>                     | <div></div>          | <div></div> | <div></div>              | <div></div>       |

Total Amount

Purpose/Remarks

Briefly describe the purpose of expenses

Prepared by (Signature & Date)

Approved by (Signature & Date)

**Important Notes:**

- All expenses must be supported by original receipts or supporting documents.
- Petty cash may not be used for personal or unauthorized expenditures.
- This form must be approved by an authorized signatory before replenishment.
- Incomplete forms or missing documentation may result in reimbursement delay or denial.
- Maintain a copy of this form for departmental records.