

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
<input type="text"/>	<input type="text"/> e.g. Office supplies	<input type="text"/> e.g. 6010	<input type="text"/>	<input type="text"/> e.g. John Doe	<input type="text"/> Yes/No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.