

Petty Cash Reimbursement Slip

Slip No.: _____
_____/_____/_____

Date:

Name of Employee: _____

Department: _____

Purpose / Description:

No.	Item / Expense	Amount	Receipt Attached
1			
2			
3			
Total			

Amount in words: _____

Requested By
(Name & Signature)

Verified By
(Name & Signature)

Approved By
(Name & Signature)

Important Notes:

- All expenses must be accompanied by valid receipts where applicable.
- Reimbursement requests should be submitted within the stated period as per company policy.
- Approval must be obtained before reimbursement is processed.
- Ensure details are accurate and complete to avoid delays.