

Petty Cash Staff Expense Claim Form

Date: _____

Name: _____

Department: _____

Employee ID: _____

Contact No.: _____

S/N	Date	Expense Details	Amount (₹)	Remarks
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
Total:			_____	

Purpose of Claim: _____

Advanced Amount (if any): _____

Balance to be Paid/Recovered: _____

Claimant's Signature

Date: _____

Department Head/Manager

Date: _____

Accounts Dept. Approval

Date: _____

- All expense claims must be supported by original bills and receipts.
- Claims should be submitted within the stipulated time as per company policy.
- Personal expenses are strictly not reimbursable through petty cash.
- False claims will lead to disciplinary action.
- Ensure all fields are completed for timely processing.