

Petty Cash Slip - Reimbursement

Date:		Slip No.:	
Name of Recipient:			
Department:		Purpose:	
Description of Expense:			
Amount (in figures):			
Amount (in words):			
Receipt / Invoice Attached:	Yes / No		

Requested By
(Signature & Date)

Approved By
(Signature & Date)

Received By
(Signature & Date)

- Ensure all original receipts/invoices are attached with the slip.
- All fields must be filled out completely and accurately.
- Approval is mandatory before reimbursement is processed.
- This slip is for small and valid office expenses only.
- Retain a copy of the slip for future reference and audit purposes.