

Petty Cash Slip - Reimbursement

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|-----------------------------|----------|-----------|--|
| 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.