

Petty Cash Reimbursement Receipt

Receipt No: _____

Date: _____

Name of Employee: _____

Department: _____

Purpose/Description: _____

No.	Details of Expense	Date	Amount	Remarks
1				
2				
3				
Total				

Amount in Words: _____

Prepared By

Date:
Checked/Approved By

Date:
Received By

Date:

Important Notes:

- All attached bills/receipts must be original and verified before reimbursement.
- This form should be duly filled, approved and signed for processing.
- Reimbursement is subject to the organization’s petty cash policy and limits.
- Misuse or falsification may result in disciplinary actions.