

Petty Cash Claim Sheet

For Office Consumables

Claimant Name: _____

Date: _____

Department: _____

Reference No: _____

No.	Date	Description of Item	Receipt/Invoice No.	Amount (Currency)	Remarks
1	____ / ____ / ____	_____	_____	_____	_____
2	____ / ____ / ____	_____	_____	_____	_____
3	____ / ____ / ____	_____	_____	_____	_____
Total:			_____		

Claimed By

Approved By

Received By

Date: _____

Date: _____

Date: _____

Important Notes:

- All claims must be accompanied by valid receipts or invoices.
- Use this form strictly for office consumable items only.
- Claims above the petty cash limit require additional approval.
- Ensure all fields are adequately filled before submission.
- Keep a photocopy for your record before processing.