

# 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.