

Petty Cash Claim Form

Office Supplies

Date: _____

Claim Number: _____

Department: _____

Requested By: _____

Claim Details

No.	Description of Item	Quantity	Unit Price	Total	Receipt Attached
1	_____	_____	_____	_____	Yes / No
2	_____	_____	_____	_____	Yes / No
3	_____	_____	_____	_____	Yes / No
Total Amount				_____	

Requested by

Date: _____

Checked by (Finance)

Date: _____

Approved by

Date: _____

Important Notes

- All claims must be accompanied by original receipts or invoices.
- Use petty cash only for minor office supply expenditures as per company policy.
- Ensure claim form is fully completed and authorized before submission.
- Petty cash cannot be used for personal or non-office related expenses.