

# 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
<b>Total Amount</b>					_____

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.