

Petty Cash Reimbursement Receipt

Date: _____

Receipt No: _____

Employee Name: _____

Department: _____

Purpose: _____

Approved By: _____

#	Description of Expense	Date	Amount
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
Total:			_____

Requested By
(Signature & Date)

Approved By
(Signature & Date)

Received By
(Signature & Date)

Important Notes

- Original receipts or supporting documents must be attached to this form.
- Expenses claimed should be in compliance with company petty cash policies.
- This form must be approved by authorized personnel before reimbursement.
- Entries should be filled out clearly and accurately.
- Keep a copy of the completed form for your records.