PETTY CASH FUND
FINANCIAL REPORT AND REIMBURSEMENT CLAIM FORM

REPORTING MONTH: ________________ YEAR:

LPHS __________ DO __________ OAE: ______
OHS __________ TRANS: __________
PHS __________ MAINT: __________ CAFETERIA: ______

INSTRUCTIONS:
SUBMIT FORM ALONG WITH THE PROPER RECEIPTS OR PETTY CASH VOUCHER TO THE DO, ATT: ACCOUNT PAYABLE ON THE FIRST WORKDAY FOLLOWING THE END OF THE CALENDAR MONTH. NO PETTY CASH EXPENDITURE SHALL EXCEED TWENTY DOLLARS ($20.00) FOR SINGLE TRANSACTION.

DATE	Whom Paid	Type of Purchase	Coding	Amount

Signature of Custodial: ________________

Date: __________

Praincipal: __________

CBO: __________

Total Claims: ______________
Total Cash on hand: ______________
Total Claims plus cash: ______________
Original amount of fund: ______________
Difference: ______________
(Explain on the back of the form) ______________