

Ontario-Montclair School District
REQUEST TO REPLENISH PETTY CASH



RCF CHECK
Number:

SITE/DEPT: _____

DATE: _____

BUDGET LINE/ ACCT. NO.	PAYEE/EXPLANATION (VENDOR)	AMOUNT
TOTAL EXPENSES THIS PAGE:		0

TOTAL EXPENSES (All Pages):

TOTAL CASH DRAWER:

Breakdown of Cash on hand:

Currency: _____

Coins: _____

TOTAL PETTY CASH:

LISTED BY: _____

APPROVED BY: _____