

PETTY CASH RECEIPT FORM

ACCOUNT NAME _____

DATE ____ / ____ / ____

ACCOUNT NUMBER/PROJECT # _____

PERSON MAKING PURCHASE

CAN ITEM BE PURCHASED ON CAMPUS? ___ YES ___ NO; If yes, state reason for not purchasing on campus: _____

IF RECEIPT DOES NOT CONTAIN DESCRIPTION OF EACH ITEM PURCHASED, THEN LIST ITEMS BELOW:

ACCOUNT NUMBER	PROJECT CODE	AMOUNT
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_____	_____	_____
_____	_____	_____
_____	_____	_____

REASON PURCHASED: _____

FINAL APPROVAL SIGNATURE: _____

Principal's Signature

Note: Please tape your receipt(s) to separate sheet of paper. Thanks