Center For Family Services, Inc.
Petty Cash Reimbursement

DATE: _____ **MONTH / YEAR: _____**

PROGRAM: _____ PHONE:_____

NAME: _____ APPROVAL: _____

TOTAL OF RECEIPTS: $_____

CASH ON HAND: $_____

PETTY CASH TOTAL: $ _____

NATURE OF EXPENSE	AMOUNT	EXPENSE CATEGORY *For Fiscal Dept. Use Only*
	TOTAL $	

The petty cash amounts on this page should match the petty cash log you are keeping in your office to record ALL transactions. Keep a copy of this form for your records and also copies of receipts. ALL ORIGINAL RECEIPTS MUST BE TURNED IN TO FISCAL DEPTARTMENT ALONG WITH THIS FORM ON A MONTHLY BASIS. Thanks!

rev. 4/11