PETTY CASH REIMBURSEMENT

DATE _____

Date	To Whom Paid	Cost Element	Sub Total	Tax	Total Amount

	1. Total of All Invoices Paid	**$**
	2. Cash on Hand (cash in the box + vouchers)	**$**
	3. Total Cash and Invoices Paid (line 1 + line 2)	**$**
	4. Amount of Petty Cash Fund	**$**
	5. Cash (Over) or Short (line 4 − line 3)	**$**
	6. Reimbursement Amount (line 4 − line 2)	**$**
	7. Reimbursement-Check No. _____ in the amount of	**$**