

Eagle Mountain Saginaw ISD
PETTY CASH VOUCHER / PETTY CASH ADVANCE

Campus/Department: _____ DPAY# _____
(check will be sent to this location)

Date _____ *Amount: _____

Employee Name: _____

Purpose: _____

Items Purchased (general description): _____

Budget Code: _____

If Cash Advance: Amount Given _____
 Amount Cash Returned _____
 *Amount of Receipt(s) _____
 *(*put this amount at the top)*

Approved by: _____
 Supervisor Signature

Received by: _____
 Recipient Signature

Secretary: _____
 Secretary

Club Approved by: _____
 Club Officer Signature

>Sales tax **cannot** be reimbursed.

>MUST ATTACH ORIGINAL ITEMIZED RECEIPT(s)
(receipt copies & credit card slips **not** valid)

TAPE RECEIPTS HERE OR ON 8 ½ SHEET
DO NOT FOLD RECEIPTS OR HIGHLIGHT ON RECEIPTS
CIRCLE AMOUNT REIMBURSED

>Travel, mileage expenses, membership and registrations **may not** be reimbursed through petty cash.