|  |  |
| --- | --- |
| **[Company Name]** |  |

# Petty Cash Reimbursement Request

Note: Reimbursements from petty cash cannot exceed $50.00.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  | | Department: |  |
| Reimbursement Amount | |  | Requested by: |  |
| Description of Expense |  | | | |
| Account# |  | | Approved by: |  |
| Signature: |  | | | |
| Amount Approved: |  | | Received by: |  |
| Signature: |  | | | |

|  |  |
| --- | --- |
| **[Company Name]** |  |

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| Signature: |  | | | |
| Amount Approved: |  | | Received by: |  |
| Signature: |  | | | |