

SANTA MONICA- MALIBU UNIFIED SCHOOL DISTRICT
PETTY CASH FUND REIMBURSEMENT

DATE: _____

TO: **Fiscal Services, Accounts Payable**

From: _____

Please send me a warrant in the amount of \$_____ to
reimburse the Petty Cash Fund for my School/ Office.
The supporting receipts are attached.

TOTAL AMOUNT OF FUNDS ADVANCED BY DISTRICT	\$
LESS BALANCE OF PETTY CASH ON HAND	\$
TOTAL REIMBURSEMENT REQUESTED	\$ _____

EXPENDITURES CLAIMED:

RECEIPT NUMBER	AMOUNT	ACCOUNT NUMBER TO BE CHARGED
TOTAL	\$ -	

Principal's/administrator's Signature

SANTA MONICA-MALIBU USD	
RECEIPT#	
SCHOOL/DEPT:	
DATE:	
AMOUNT: \$	
SERVICES OR SUPPLIES:	
(Itemized receipt from vendor)	
ACCOUNT TO BE CHAGRED:	
APPROVAL OF EXPENDITURE:	
SIGNATURE OF DEPT HEAD:	
SINGATURE OF EMPLOYEE RECEIVING CASH:	
APPROVAL OF PETTY CASH CUSTODIAN:	

SANTA MONICA-MALIBU USD	
RECEIPT#	
SCHOOL/DEPT:	
DATE:	
AMOUNT: \$	
SERVICES OR SUPPLIES:	
(Itemized receipt from vendor)	
ACCOUNT TO BE CHAGRED:	
APPROVAL OF EXPENDITURE:	
SIGNATURE OF DEPT HEAD:	
SINGATURE OF EMPLOYEE RECEIVING CASH:	
APPROVAL OF PETTY CASH CUSTODIAN:	

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