

# PETTY CASH VOUCHER

\_\_\_\_\_  
Name of School

No. : \_\_\_\_\_

Date: \_\_\_\_\_

Payee/Office : \_\_\_\_\_

Address : \_\_\_\_\_

Responsibility Center :

**I.**

**II. To be filled up upon liquidation**

**Particulars**

**Amount**

Total Amount Granted P \_\_\_\_\_

Total Amount Paid Per P \_\_\_\_\_

O.R. No.

Amount Refunded/  
Reimbursed P \_\_\_\_\_

**A** Requested by:

\_\_\_\_\_  
Name of Requestor

Approved by:

\_\_\_\_\_  
School Head

**C**

Received

Reimbursement Paid

\_\_\_\_\_  
Petty Cash Custodian

**B** Paid by :

\_\_\_\_\_  
Petty Cash Custodian

Cash Received by :

\_\_\_\_\_  
Signature Over Printed Name

Date : \_\_\_\_\_

**D**

Liquidation Submitted

Reimbursement Received by:

\_\_\_\_\_  
Signature of Payee

Date : \_\_\_\_\_