BAY COUNTY PETTY CASH VOUCHER

DATE:

DEPARTMENT NAME:

AMOUNT ADVANCED: $

VENDOR:

PURPOSE:

(CASHING OF PERSONAL CHECKS IS PROHIBITED)

ITEM(S) PURCHASED	COST PER ITEM
	$

TOTAL PRICE PAID: $

ADVANCE AMOUNT RETURNED:

TOTAL AMOUNT ADVANCED: $

BUDGET NUMBER (15 DIGITS)	AMOUNT
	$

TOTAL AMOUNT EXPENDED: $

EMPLOYEE:

AUTHORIZATION: _____

Please attach to the white copy of this Petty Cash Voucher the sales slip, invoice, or some other document provided by the vendor that supports this voucher, if applicable. Prepare in ink.

WHITE COPY-PRESENT FOR REIMBURSEMENT YELLOW COPY - DEPARTMENT