**PETTY CASH FORM**

|  |  |
| --- | --- |
| DATE:  |  |
| PREPARED BY:  |  |
| DEPARTMENT NAME: |  |
| PETTY CASH CUSTODIAN: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **DESCRIPTION** | **ACCOUNT CODE** | **AMOUNT** | **BALANCE** | **SIGNATURE/CASH PAID TO** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTALS:** | [SPECIFY THE TOTAL AMOUNT] | [SPECIFY THE TOTAL BALANCE] |

|  |  |
| --- | --- |
| Authorized Amount:  | [SPECIFY THE AUTHORIZED AMOUNT] |
| Less Cash on Hand: | [SPECIFY THE LESS CASH ON HAND] |
| Amount Requested: | [SPECIFY THE AMOUNT REQUESTED] |

**NOTES:**

1. Attach all the invoices and receipts to this petty cash form.
2. Use the employee name and [SPECIFY YOUR RESTAURANT NAME] “PETTY CASH when entering in the AP voucher.
3. Amount requested must be equal to the amount of receipts attached.
4. [SPECIFY OTHER NOTES, AS APPLICABLE]
5. [SPECIFY OTHER NOTES, AS APPLICABLE]

I hereby certify under penalty of perjury that this is true and correct claim for necessary expenses incurred on behalf of [SPECIFY YOUR RESTAURANT NAME].

**NAME AND SIGNATURE OF PETTY CASH CUSTODIAN:**

[INSERT THE NAME AND SIGNATURE OF PETTY CASH CUSTODIAN]

**DATE:**

[SPECIFY THE CURRENT DATE]

**NAME AND SIGNATURE OF AUTHORIZED HEAD:**

[SPECIFY THE NAME AND SIGNATURE OF AUTHORIZED HEAD]

**DATE:**

[SPECIFY THE CURRENT DATE]