



PETTY CASH EXPENSE CLAIM FORM

EMPLOYEE INFORMATION			
Name:		Vendor Name:	
Address:		P-CARD Holder Y/N:	
G/L Account #:		Department:	
Please provide a detailed description of the business purpose of each expense. Expense must be less than \$75.00 and shall not be for training or registration costs per the Petty Cash Policy			
Date of Expense	Description of Expense	Receipt attached?	Amount
6/16/2016	What was the expense?	Y	\$
Total Expense Amount			

I HEREBY CERTIFY BY MY SIGNATURE THAT THE EXPENSE REIMBURSEMENT REQUESTED IS FOR A PURCHASE THAT I HAVE MADE THAT IS FOR BONA FIDE CITY OF MANTECA BUSINESS PURPOSE AND HAS NOT BEEN PAID VIA THE CITY CAL CARD NOR HAS BEEN PREVIOUSLY REIMBURSED AND ANY SERVICES OR EQUIPMENT PURCHASED SHALL REMAIN THE PROPERTY OF THE CITY OF MANTECA

Employee Signature _____ **Date** _____

I HEREBY APPROVE THE REIMBURSEMENT OF THE ABOVE EXPENDITURES

Department Director Signature _____ **Date** _____