



## Petty Cash Voucher

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

Unit: \_\_\_\_\_

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

Date of Expenditure	Particulars	Bills Attached	Amount (\$)	Account Code
		Total: \$		

Claimed by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Received by: \_\_\_\_\_

(Name: \_\_\_\_\_ )

Unit Head / VP / President

Recipient

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

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

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

To: Petty Cash Custodian

I hereby authorize \_\_\_\_\_ (name of staff) to collect the above petty cash on my behalf.

I understand that I would be fully responsible for the loss of petty cash, if any, after the collection of the above by my representative.

(Signature)

\_\_\_\_\_  
Name of Claimant:

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

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Please paste the original receipt(s) here. If there is not enough space, please attach the receipt(s) with this reimbursement form.

### Notes:

1. Claims must be made within 1 month from the expenditure date and before year end closing.
2. Petty Cash Custodian should stamp on the supporting original documents immediately with a "PAID" chop.
3. Please state justifications if purchases are made by other means, e.g. Credit Card and Octopus Card.
4. If staff members who need to use taxi for official journeys must seek prior approval from unit heads or the President.