



PETTY CASH CLAIM FORM

APPLICANT'S INFORMATION

NAME			
STAFF NO.		DEPARTMENT	
APPLICATION DATE			

I certify that the expenses reported herein are solely for the benefits of the company. I agree that all claims must be supported with the original receipts or other document related which are attached with this petty cash form.

PARTICULARS	APPLY			RETURN				SUPPORTING DOCUMENT
	ADVANCE (RM)	SIGN	DATE	CLAIMED (RM)	BALANCE (RM)	SIGN	DATE	
TOTAL AMOUNT								

TO BE COMPLETED BY APPLICANT

VERIFIED BY ACCOUNTING DEPARTMENT

NAME :	NAME :
DATE :	DATE :

FOR ACCOUNTING DEPARTMENT USE ONLY

CODE	ACCOUNT DESCRIPTION	BUDGET	APPROVED	BALANCE
SIGNATURE & DATE :				