

PETTY CASH VOUCHER		No. : _____
Entity Name : _____		Date : _____
Fund Cluster: _____		
Payee/Office : _____ Address : _____		Responsibility Center Code: _____
<i>I. To be filled out upon request</i>		<i>II. To be filled out upon liquidation</i>
Particulars	Amount	
		Total Amount Granted _____
		Total Amount Paid per OR/Invoice No. _____
		Amount Refunded/ (Reimbursed) _____
A	<i>Requested by:</i> _____ Signature over Printed Name Name of Requestor <i>Approved by:</i> _____ Signature over Printed Name Name of Immediate Supervisor	C <input type="checkbox"/> <i>Received Refund</i> <input type="checkbox"/> <i>Reimbursement Paid</i> _____ Signature over Printed Name Petty Cash Custodian
B	<i>Paid by:</i> _____ Signature over Printed Name Petty Cash Custodian <i>Cash Received by:</i> _____ Signature over Printed Name Payee Date: _____	D <input type="checkbox"/> <i>Liquidation Submitted</i> <input type="checkbox"/> <i>Reimbursement Received by:</i> _____ Signature over Printed Name Payee Date: _____



Reference No	PNU-NL-2026-FM-003
DC No.	CC02262026-005-X