

PETTY CASH VOUCHER VICTORIAS CITY WATER DISTRICT _____ Agency		No.: _____ Date: _____				
Payee/Office: _____ Address : _____		Responsibility Center Code: _____ _____				
<i>I. To be filled up upon request</i>		<i>II. To be filled up upon liquidation</i>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 65%;">Particulars</th> <th style="width: 35%;">Amount</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"> </td> <td> </td> </tr> </tbody> </table>	Particulars	Amount			Total Amount Granted _____ Total Amount Paid per OR No. _____ (Reimbursed) _____	
Particulars	Amount					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">A</td> <td style="padding: 5px;"> Requested by: _____ Name of Requestor Approved by: _____ Immediate Supervisor </td> </tr> </table>	A	Requested by: _____ Name of Requestor Approved by: _____ Immediate Supervisor	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">C</td> <td style="padding: 5px;"> <input type="checkbox"/> Received Refund <input type="checkbox"/> Reimbursement Paid _____ Petty Cash Custodian </td> </tr> </table>	C	<input type="checkbox"/> Received Refund <input type="checkbox"/> Reimbursement Paid _____ Petty Cash Custodian	
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D	<input type="checkbox"/> Liquidation Submitted: <input type="checkbox"/> Reimbursement _____ Signature of Payee Date: _____					

Revised January 1992

REIMBURSEMENT EXPENSE RECEIPT

Date _____

No. _____

RECEIVED from _____
(Name)

_____, the amount
(Official Designation)

of _____ (P _____)
(In Words) (In Figures)

in payment for _____
(Payments for subsistence, services,

rental or transportation should show inclusive dates,

purpose, distance, inclusive points of travel, etc.)

PAYEE

Name/Signature _____

Address _____

Residence Cert. No. _____

Date of Issue _____

Place of Issue _____

WITNESS

Name/Signature _____

Address _____

Residence Cert. No. _____

Date of Issue _____

Place of Issue _____

