

MILFORD BOARD OF EDUCATION

SCHOOL _____

DATE _____

PETTY CASH FUND

VENDOR NAME _____

VENDOR NUMBER _____

TOTAL PETTY CASH FUND
BALANCE ON HAND
REIMBURSEMENT REQUEST

EXPENSE ACCOUNT NUMBER	AMOUNT
01.	
01.	
01.	
01.	
01.	
01.	
01.	
01.	
01.	
01.	
01.	
01.	
01.	
01.	
01.	
01.	
01.	
01.	
01.	
01.	
TOTAL	

PLEASE BE SURE TO INCLUDE THE ACCOUNT NUMBER
YOU WANT CHARGED FOR EXPENSES INCURRED

APPROVED _____ Date _____