Great Falls Public School District

PETTY CASH REIMBURSEMENT LOG

_____ School

_____ Date

Date:	Petty Cash Paid to:	Account Code	Receiver Signature	Administrative Signature	Amount	Beginning Balance $200

Total Petty Cash to be Reimbursed: _____

_____ Signature of Fund Custodian

_____ Signature of Principal

To receive reimbursement of petty cash funds this form and the Petty Cash receipts are to be forwarded to the Purchasing Department at the District Office Building.