

SAC Petty Cash Reconciliation

Petty Cash Opening Balance

| Receipt Date | PARTICULARS (receipts must be attached) | Amount Spent | Remaining Balance |
|--------------|--|--------------|-------------------|
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| Total Petty Cash Spent & Requested for Reimbursement | |
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Allocate Expenses to:

| | | |
|---------|--------|----|
| Dept. # | Acct # | \$ |
| Dept. # | Acct # | \$ |
| Dept. # | Acct # | \$ |
| Dept. # | Acct # | \$ |

| | |
|-------|------------|
| Date: | Signature: |
|-------|------------|