

Petty Cash Expense Submission Form

Team Name

Submitted By

Date

Purpose / Description
Expense Details

#	Date	Description	Amount	Receipt No.
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount

Remarks / Notes

Signature (Submitted By)

Signature (Approved By)