

# San Marcos Unified School District

## Request for Payment From Petty Cash Fund

School/Department \_\_\_\_\_

### 1. **Prior Approval Is Required Before Purchasing Any Materials**

Requested By: \_\_\_\_\_  
Description And/Or Purpose of Expenditure: \_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Request Approved By: \_\_\_\_\_  
Date Approved: \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_

### 2. **Request Payment From Petty Cash Fund**

Payable To: \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
Vendor Name: \_\_\_\_\_  
Description of Expenditure: \_\_\_\_\_  
\_\_\_\_\_

Voucher No. \_\_\_\_\_

Amount Paid: \$

Account Number: \_\_\_\_\_

Authorized By: \_\_\_\_\_  
Payment Received By: \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

### 3. **Attach Original Receipt Below (Please Tape It--Do Not Use Staples)**

Note: Receipt must equal the amount paid out! Use reverse side of voucher if more room is required.

### 4. **Submit Original Voucher With Two Legible Photocopies**

To The District Office With Your Reimbursement Request