

# 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: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_  
Description And/Or Purpose of Expenditure: \_\_\_\_\_  
\_\_\_\_\_

Request Approved By: \_\_\_\_\_ Amount Approved: \$ \_\_\_\_\_  
Date Approved: \_\_\_\_\_

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

Payable To: \_\_\_\_\_ Voucher No. \_\_\_\_\_  
Date Paid: \_\_\_\_\_ Amount Paid: \$   
Vendor Name: \_\_\_\_\_  
Description of Expenditure: \_\_\_\_\_  
\_\_\_\_\_

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

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