

Small Business Petty Cash Log

[Business Name]

[Business Address]

Contact Information: _____

Date of Log: _____

Starting Balance: _____

Expense Categories

Office Supplies

Maintenance

Marketing

Utilities

Miscellaneous Expenses

Transaction Details

Date	Category	Expense Description	Amount	Remaining Balance
	<input type="checkbox"/> Supplies			
	<input type="checkbox"/> Utilities			
	<input type="checkbox"/> Marketing			
	<input type="checkbox"/> Miscellaneous			
	<input type="checkbox"/> Emergency Purchase			
	<input type="checkbox"/> Other:			

Closing Balance: _____

Verified By: _____

Approved By: _____

Additional Notes:
