

PETTY CASH ENVELOPE

Date: _____

Name: _____

Position: _____

Project: _____

Check No: _____ Amount Received: _____

Envelope No: _____

#	DATE	PAID TO:	DESCRIPTION	WA(Y/N)	ACCT	AMOUNT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Distribution Summary			TOTAL RECEIPTS \$		
Account No:	Amount:		PETTY CASH ADVANCE		
			CHECK/CASH ENCLOSED		
			CHECK/CASH DUE \$		
			PRIOR TO SUBMISSION TO WF: ALL NON-WA STATE RECEIPTS AND EXPENSES SHOULD BE MARKED OUT WITH A BLACK PEN		
			TOTAL WA SPEND		