

WATTSBURG AREA SCHOOL DISTRICT

PETTY CASH REPORT

Vendor #: _____

PO#: _____

Payable To: _____

Beginning Balance: _____

Attach all receipts and submit to Accounts Payable by the 2nd Tuesday of the month to ensure board approval and timely reimbursement.

Date	Vendor	Purchase Description	Amount

Expenses to be charged to (confirm string):

Total Receipts _____

Cash on Hand _____

Total (should equal beginning balance) _____

Signature

Date

Principal/Supervisor Signature

Date