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

Total Receipts _____

Cash on Hand _____

Total (should equal beginning balance) _____

_____ _____

Signature Date

_____ _____

Principal/Supervisor Signature Date