KERRVILLE ISD
PETTY CASH REPORT FORM

DATE: _____

CAMPUS/DEPARTMENT:_____

MANAGER/CONTACT:_____

CASH REMAINING IN BOX $_____

DISBURSEMENTS (ATTACH RECEIPTS):

VENDOR NAME

1. $
2. $
3. $
4. $
5. $
6. $
7. $
8. $
9. $
10. $

TOTAL DISBURSEMENTS $_____

TOTAL CASH & DISBURSEMENTS $_____

SUBTRACT ORIGINIAL AMOUNT OF PETTY CASH $_____

OVER/SHORT $_____

Reimbursement Requested (total disbursement plus/minus over/short)
*Reimbursement cannot exceed the original amount of Petty Cash $*_____

Budget Code/s:_____Amt:_____
_____Amt:_____

PETTY CASH MANAGER SIGNATURE _____

GRANT MGR SIGNATURE _____FEDERAL GRANTS ONLY

PRINCIPAL OR DIRECTOR SIGNATURE_____