



**SAN ANTONIO COLLEGE**

One of the Alamo Community Colleges

# PETTY CASH VOUCHER

Date : \_\_\_\_\_

FOAP : \_\_\_\_\_  
Fund                      Org                      Account                      Program

Department Name : \_\_\_\_\_

Department Phone : \_\_\_\_\_

Amount : \_\_\_\_\_

Explanation / Purpose : \_\_\_\_\_

\_\_\_\_\_

**\*\* Reimbursement of Funds from approved Walk-in Vendors only \*\***  
**\$100.00 Limit.**

\$ \_\_\_\_\_  
Attach Receipts                      Dean's Signature

\_\_\_\_\_

Department Head Signature

\_\_\_\_\_

Bursar's Staff

\_\_\_\_\_

Recipient's Signature

\_\_\_\_\_

Recipient's Printed Name



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Attach Original Receipt



No Receipt over 30 days old

will be processed

One Receipt/ Petty Cash Form

Hours for Disbursement of Funds

Monday - Friday

9:00 A.M – 11:00 AM

2:00 P.M - 4:00 PM

Attach Original Receipt



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