

Standard Volunteer Petty Cash Reimbursement Voucher

Please attach all original receipts to the back of this form.

Voucher No:	<input style="width: 90%;" type="text"/>	Date:	<input style="width: 90%;" type="text"/>
Volunteer Name:	<input style="width: 90%;" type="text"/>	Phone/Email:	<input style="width: 90%;" type="text"/>
Program/Project:	<input style="width: 95%;" type="text"/>		

Expense Breakdown		
Date of Expense	Description / Purpose of Expenditure	Amount
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Total Reimbursement Amount:		<input style="width: 95%;" type="text"/>

Signatures & Approvals	
Volunteer Claimant Signature: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Date: <input style="width: 100px;" type="text"/>	Approved By (Authorized Signature): <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Date: <input style="width: 100px;" type="text"/>
Paid By (Custodian Signature): <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Date: <input style="width: 100px;" type="text"/>	Received By (Volunteer Signature on Cash Receipt): <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Date: <input style="width: 100px;" type="text"/>