

IRVING ISD
Petty Cash Voucher/Cash Advance

Date: _____

*Amount: _____

Employee Name: _____

Purpose: _____

Items Purchased (general description): _____

Budget Code: _____

If Cash Advance:	Amount Given	_____
	Amount Cash Returned	_____
	*Amount of Receipt(s)	_____ <i>(put this amount at the top)</i>

Principal/Dept. Director: _____
Principal/Dept Director

Received by: _____
Employee Signature

Secretary/Cashier: _____
Secretary/Cashier

TAPE RECEIPTS BELOW AND/OR ON 8 ½ SHEET - DO NOT FOLD RECEIPTS
CIRCLE REIMBURSED AMOUNT - DO NOT HIGHLIGHT ON RECEIPTS

**Sales tax cannot be reimbursed (expect for Sunshine & Flower Fund)*