Petty Cash Log

Date of Request: _____

Check Payable To: _____

Mail Check to: _____

_____

$ _____ Beginning Cash (Ending cash on hand from last Petty Cash Log)

\+ _____ Checks Received from OSI (Petty Cash reimbursement checks received since last Petty Cash Log submission)

\- _____ Cash Paid Out (Amount of this request)

$ _____ Ending Cash (Beginning cash on hand on next Petty Cash Log - Should equal actual cash on hand)

Date of Receipt	Office to Charge	Receipt Name	Brief Description	Amount	AP Code (office use only)

Submitted by: _____

Doctor's Signature: _____

ORTHO synetics™

Note: All original receipts must be attached and form must be signed prior to processing.