

Petty Cash Disbursement Log

Fiscal Year	Petty Cash Vendor ID	Petty Cash Vendor Name	Fund Balance	75% of Fund Balance

INSTRUCTIONS: Please complete the top section of this form, print, and use this log to keep track of petty cash disbursements.

Advance (A)/Non Advance (N)	Project/ Department	Account	Disburse ment Date	Amount Disbursed	Reason	Recipient Name (PRINT)	Recipient Signatures	Initials of Disburser	Total Amount on Receipts	Date Receipts Received
		Total Disbursements						Total of Receipts		

Approved By: _____ Date: _____