



Polus Center for Social & Economic Development, Inc.

134 High Street, Clinton, MA 01510

978-368-1550 FAX 978-368-3427

PETTY CASH REIMBURSEMENT

Date:

Total Amount Requested: \$

Pay to:

Mail Address:

Approved:

	<u>Date</u>	<u>Item & Purpose</u>	<u>Cost</u>	<u>Program class</u>	<u>Expense account</u>
1.				Drop-down menu	Drop-down menu
2.				Drop-down menu	Drop-down menu
3.				Drop-down menu	Drop-down menu
4.				Drop-down menu	Drop-down menu
5.				Drop-down menu	Drop-down menu
6.				Drop-down menu	Drop-down menu
7.				Drop-down menu	Drop-down menu
8.				Drop-down menu	Drop-down menu
9.				Drop-down menu	Drop-down menu
10				Drop-down menu	Drop-down menu

Special Instructions:

Directions:

Use separate form for each month

Submit receipts with this page.

Number each receipt according to line item # above