



**SOUTH ALABAMA MEDICAL SCIENCE FOUNDATION**  
**PETTY CASH VOUCHER**

Date \_\_\_\_\_  
mm/dd/yyyy

Reimbursement from Petty Cash to: \_\_\_\_\_

In the amount of: \_\_\_\_\_

Description of items purchased:

Reason for purchase:

A/C # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
####-##-#-#####-###

A/C # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
####-##-#-#####-###

A/C # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
####-##-#-#####-###

A/C # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
####-##-#-#####-###

Signature \_\_\_\_\_ Approved \_\_\_\_\_  
Person Stated Above Dean/Director/Division Head

Received \$ \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Person Receiving Petty Cash