

PETTY CASH CLAIM FORM

NAME:		DATE	
Part (A): Deta	ails of Claim		
Purpose/Natu	ure of Duty	Date(s) when claim was incurred	Amount (Ksh.)
•••••			
	•••••••		
		•••••	
		Total Amount Required	<u></u>
Part (B): I hav	ve no outstanding clai	m as at today.	
Signat	ture of Applicant:		
Date			
Part (C): All m	ny previous imprests h	ave been fully surrendered. Sign	Date
<u>Part (D) :</u>	Checked by :		Date
	Approved by :		Date