

PETTY CASH CLAIM FORM

NAME:			DATE	
Part (A): Detai	ls of Claim			
Purpose/Natu	re of Duty	Date(s) when claim was incurred	Amount (Ksh.)	
•••••				
•••••				
			<u></u>	
		Total Amount Required		
Part (B): I have	e no outstanding clair	n as at today.		
Signati	ure of Applicant:			
Date				
Part (C): All my	y previous imprests h	ave been fully surrendered. Sign	Date	
<u>Part (D) :</u>	Checked by :		Date	
	Approved by :		Date	