

People's Place Petty Cash Reconciliation and Reimbursement Form

Program:			Dates Covered:		
Requested By:			Vendor No:		
Approved By:					
Date	Vendor	Item	Cost	Charge To	
				Grant/Contract	Line Item
Total Expensed this Month					

Total Fund Amount	
Expended This Month	
Balance in Fund	
Actual Cash on Hand	

Grant Contract Code	Line Item Code	Amount