

TVCC PETTY CASH

*** Paid Out Under \$25.00 (no Tax)

Date of Expense:	Description:	Account #:	\$ Amount:

****Receipts Must Be Attached****

Submit to the TVCC Cashier Office

Requestor Signature: _____

Supervisor Signature: _____

Business Office Use:

Date Received: _____

Cashier Signature: _____