



Sharyland ISD Petty Cash Voucher

Attach Receipt Here.

Before Purchase:

Date of Request: _____

Amount Requested: \$ _____

Expense Account:

Reason: _____

Name: _____

Signature: _____

After Purchase:

Date Receipt Received: _____

Receipt: \$ _____

Change: \$ _____

Signature: _____

I understand I must adhere to the districts petty cash and purchasing procedures. Upon violating these procedures, I will become personally liable for unauthorized use of petty cash.