

Dominic College Petty Cash Claim Form

Request submitted by	
Reimbursement to be sent to	
Date Request submitted	__ __ / __ __ / 20__ __

Description of goods purchased	
Budget / Department area	
Budget Code (if known)	

Total to be Reimbursed	\$
------------------------	----

Signatures

Submitted by: _____

Department Authority:

Name: _____

Signature: _____

Please attach store receipt to completed form and send to
Clinton Baker