

**County of San Bernardino
Department of Behavioral Health**

PETTY CASH TRANSACTION FORM

INTENDED PURCHASE AND JUSTIFICATION:

<hr/> <p style="text-align: center;">AUTHORIZING AUTHORITY (Program Manager, Clinic Sup, etc)</p>	<hr/> <p style="text-align: center;">DATE</p>	<hr/> <p style="text-align: center;">PROPERTY MANAGEMENT (verification that supplies are not available through contracted vendor)</p>
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ADVANCE ONLY
I will be responsible for the repayment of any portion (up to the total amount) of this cash advance that I am not able to produce original receipts for the purchases made. I understand that the transaction must be finalized within seven (7) working days from the date of Issuance.

<hr/> <p>CLAIMANT SIGNATURE</p>	<hr/> <p>DATE</p>
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TRANSACTION DETAIL

CLAIMANT NAME (type or print)	<hr/>	
COST CENTER	<hr/>	
	Description	Number
BUDGET LINE ITEM (Accounting use only)	<hr/>	
EXPENDITURE DATE	<hr/>	
AMOUNT OF EXPENDITURE \$	<hr/>	

Note: Attach and return original receipts to Fiscal Services for reimbursement. Keep copy for your records.

I hereby acknowledge that this transaction has been fully completed All funds have been properly disbursed and accounted for

<hr/> <p>Claimant Signature</p>	<hr/> <p>Date</p>
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<hr/> <p>Cashier Signature</p>	<hr/> <p>Date</p>
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