

SOUTHERN OREGON HEAD START

PO Box 3697, 1001 Beall Lane

Central Point, OR 97502

PETTY CASH RECORD

Reimbursement Request Form

(Keep a copy for your records)

Previous Ending Balance \$

Reimbursement Received \$

New Beginning Balance \$

Circle Your Center:

EHS-ABC-C EHS-CJ EHS-GP EHS-WM ESH-GPHS

ABC-B ASH CP EP HLS GPHS LB

IV MER FTL OH PD PXT PV RWD

RVS RR SV SM WSH WIL WC

GL Code Key:

5600 - Classroom/General Supplies

6530 - Parent Group Support

6710 - Volunteer Appreciation

8040 - Staff Support

8045 - Transition

Petty Cash Reimbursement Made Payable To: _____ (please print)

DATE	PAID TO	DESCRIPTION OF PAYMENT	GL CODE	PAID OUT	CASH REC'D	BALANCE ON HAND
				Beginning Balance >>		\$
		Ending Balance				\$

Family Advocate Signature _____ Date: ___/___/___

Area or Center Manager Signature _____ Date: ___/___/___