

Salem United Methodist Church

## Petty Cash Disbursement

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Disbursed to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Account # / Program Area \_\_\_\_\_

For: \_\_\_\_\_

Signature of Person Requesting the Disbursement \_\_\_\_\_

Signature of Person Distributing the Disbursement \_\_\_\_\_

Supporting documentation must be attached and clearly show the date of the transaction, a description of the goods or services, and the amount.

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