

Petty Cash Approval Voucher



FACULTY OF
HEALTH SCIENCE
School of Medicine

Expense Incurred By: _____

Supplier & Description of goods	Amount	Project No (Eg OP.032512.36003)

Please refer to Assoc Head/Manager for approval prior to reimbursement

I authorise reimbursement of the above expenditure

I acknowledge receipt of \$ _____

Signed: _____
Assoc Head / Manager

Signed: _____

Date: _____

Date: _____

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