

CATHOLIC CHARITIES, INC.

Petty Cash and/or Reimbursement Information Sheet

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

Vendor Name: \_\_\_\_\_

Supplies Purchased: \_\_\_\_\_

Cost: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Program: \_\_\_\_\_ Grant# \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Please attach receipt to this form. Please highlight the total which was paid.

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