



City of Cloquet

Petty Cash Reimbursement Request Form

Date of expenditure/expense:
Amount: <i>(Attach supporting invoice or receipt)</i>
Purpose:
Budget Code:
Employee Name: <i>(Please Print)</i>
Employee Signature:
Supervisor Signature:

<i>(For Office Use:)</i>
Date reimbursed from petty cash:
Petty cash custodian signature:

(Please return form to the Finance Department at City Hall)