

CITY OF SAINT PETER, MINNESOTA

PETTY CASH VOUCHER

TO: Finance Department

DATE: _____

FROM: _____

DEPARTMENT: _____

Department Director Signature: _____

The following expenses (total \$20 or less) were incurred by the undersigned on behalf of the City of Saint Peter in the conduct of City business.

ACCOUNT#	DESCRIPTION	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: _____

Please complete for meal reimbursements:

1. Did your travel require an overnight stay? _____ If no, continue with #2.
2. Did you eat alone? _____ If no, continue with #3. If yes, continue with #4.
3. What business was conducted during the meal period? _____
If no business conducted, continue with #4.
4. Did the meal enable you to work OT? _____

CASH REC'D BY: _____

FROM: _____

DATE: _____