UGANDA CHRISTIAN UNIVERSITY P.O. BOX 4, MUKONO

DEPARTMENTAL PETTY CASH FORM

DEPARTMENT ____ **DATE** ____________________

FORM NO.(IN RED) ___________________

IMPREST	AMOUNT USED (To Be Reimbursed)	CASH AT HAND

CHQ NO _____________________

CHECKED BY: (CASHIER)

AUTHORISED FOR REIMBURSEMENT: (BURSAR)

DATE	PETTY CASH VOUCHER NO.	ACCOUNT CODE	AMOUNT
		TOTAL	

PREPARED BY: _________________________________

APPROVED BY: (DEPARTMENT HEAD)_______________________

AUTHORISED FOR REIMBURSEMENT: (DVC - DEV. & EXT. REL/ACADEMIC/FIN. & ADMIN.) _______________________