St. Clair County Community Mental Health Authority

Petty Cash Request

Program:				Date:	Date:	
COST CENTER	ACCOUNT NUMBER	RECEIPT NUMBER	COST	SUBTOTAL	GRAND TOTAL	
				SUBTOTAL		
				FUNDS		
				GRAND TOTAL		
Responsible Person Signature Date Supervisor Signature					Date	

Finance Form: #07-0261 Reviewed Date: 7/1/2023 Policy Ref: #07-002-0070