

**RACINE COUNTY
PETTY CASH – RECEIPT FORM**

DATE: _____ \$AMT: _____

ACCT NUMBER: _____

ACCT NAME: _____

ITEM DESC: _____

DEPARTMENT: _____

DEPT AUTHORIZATION: _____

RECEIVED PAYMENT: _____

PRINT NAME: _____

RECEIPTS MUST BE TAPED TO THIS SHEET.

ADDITIONAL RECEIPTS CAN BE TAPED
TO FULL SHEET OF PAPER.