

**CDS Family & Behavioral Health Services, Inc.
Petty Cash Voucher
Reimbursement/Reconciliation**

Payable to: _____
(Petty Cash Custodian)

Project: _____

Date	Description	Accounting Code	Amount
		TOTAL	
		Cash-on-Hand	
		Total Petty Cash	

Petty Cash Custodian Date

Program Coordinator Date

Chief Financial Officer Date

Chief Executive/Chief Operating Officer Date