_____
Approved By

Petty Cash Check #_____

LAST FRONTIER COUNCIL

Petty Cash Summary

Activity _____

Cost Center _____
Activity _____
District _____
Date _____

Date	Purchase From: (Invoice/Receipt Attached)	6712 / 6812 Trading Post Supplies	8103 Program	8104 Food	8501 Equipment Rental	8101 Medical	9152 Recognition (Adult)	9153 Recognition (Youth)	9431 Misc.	TOTAL
TOTALS:										

ATTACH ALL RECEIPTS TO THIS FORM. TURN IN ALL LEFTOVER CASH TO YOUR DISTRICT EXECUTIVE.

Signatures:

Volunteer _____ District Executive _____

ALL RECIEPTS MUST EQUAL **TOTAL DISBURSED**. **TOTAL DISBURSED** PLUS **CASH ON HAND** MUST EQUAL INITIAL DEPOSIT.