**Client Name:**

 **Petty Cash Log**

**Global Disability & Health Care Services 1800 009 292 Fax: 02 9764 1610**

**Amount Amount Staff Name**

**Date Receipt No. Description Received Spent Balance (Print) Signed**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Balance Carried Forward |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |

**INSTRUCTIONS:**

1. All cash received MUST be accounted for on THIS Petty Cash Log
2. All cash spent MUST be accounted for with a receipt and/or petty cash voucher (If vendor does not issue receipts then complete and sign a Petty Cash voucher)
3. Each staff member MUST hand over BALANCE OF MONIES and this PETTY CASH LOG at the end of each shift ensuring all expenses are entered.
4. On Coming staff MUST count MONIES handed over and sign the Petty Cash Log.
5. SUNDAY NIGHT SHIFT - Every SUNDAY NIGHT this Petty Cash Log must be forward to the Global Office.