

**Miami County, Kansas**  
**Petty Cash Disbursement Voucher**

Submit to County Clerk's Office for Payment

Voucher # \_\_\_\_\_ (For County Clerk's Use)

Requested By: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Itemization of Reimbursement:

Item Description	Account Number			Amount	
	Fund #	Dept #	Object #		Project #
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____

If meal reimbursement request:

Is this a meal reimbursement from an over night trip?     Yes     No

Is this a meal reimbursement due to required overtime?     Yes     No

**Total** \_\_\_\_\_

Authorizing  
Dept. Director  
Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Signature of  
Payee: \_\_\_\_\_

Date of  
Reimbursement: \_\_\_\_\_

**Reimbursement can be made only when all information is completed  
and supporting documentation is provided.**