Rehoboth McKinley
Christian Health Care Services

PETTY CASH REPLENISHMENT REQUEST

Accounts Payable
1901 Red Rock Dr.
Gallup, NM 87301
(505) 863-7062
ap@rmchcs.org

Date: _____

Department: _____

Requested by: _____

DATE	VENDOR NAME	DESCRIPTION	LINE TOTAL	√
		REPLENISHMENT TOTAL:	$	

	Amount	Account number
Account distribution:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Received in finance by: _____ Date: _____