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|  | **PETTY CASH REIMBURSEMENT FORM** |
| **Department:**  | **Vendor No:**  |
| **Date** | **Supplier** | **Description of Goods** | **Total****Cost** | **GST** | **Net****Cost** | **Account** | **Dept** | Prod/Project | **Signature****of recipient** |
|       |       |       | $       | $       | $       |       |       |       |  |
|       |       |       | $       | $       | $       |       |       |       |  |
|       |       |       | $       | $       | $       |       |       |       |  |
|       |       |       | $       | $       | $       |       |       |       |  |
|       |       |       | $       | $       | $       |       |       |       |  |
|       |       |       | $       | $       | $       |       |       |       |  |
|       |       |       | $       | $       | $       |       |       |       |  |
|       |       |       | $       | $       | $       |       |       |       |  |
|       |       |       | $       | $       | $       |       |       |       |  |
|  |
|  |  | **Total to Reimburse** | $       | $       | $       | **Procedural Notes:**1.The Petty Cash Tin should be kept in a locked area at all times.2.Receipts must be obtained for all purchases.3.Only items up to $50.00 can be purchased on this system.4.The recipient of the payment for each transaction must sign the schedule.5.The reimbursement schedule must be approved by the School Administration Managers or Department Managers**.**6.Description must be detailed.7. Form should only be submitted monthly. |
|  |  | **Cash Balance** | $       |  |  |  |
|  | **Total Fund** | $       |  |  |  |
| Prepared By: | Sign: |  |  |
| Extension No: |  |  |  |
| Approved By: | Sign: |  |  |
| Date: |  |  |  |