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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: | | | |  | |  | | |  | | | |