



Petty Cash Reimbursement

Name of Petty Cash Custodian (Payee) _____

Payee Site _____

Ministry _____

Division or Branch _____

Location _____

Receipt Date (dd/mth/yy)	Name of Supplier (Include a description of the item)	Natural Account Number	Amount

Cash on Hand _____ X \$1.00 = _____ _____ X \$2.00 = _____ _____ X \$5.00 = _____ _____ X \$10.00 = _____ _____ X \$ _____ = _____ Coins _____ Total Cash on Hand _____	<p style="text-align: right;">1. Cheque Requisition Total (Total expenditures)</p> <hr/> 2. Total cash on hand <hr/> 3. Previous claims submitted but not yet reimbursed <hr/> 4. Less cash over <hr/> Authorized petty cash amount (must equal sum of 1-4)	
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Approved by _____

Petty Cash Custodian Signature _____ Date (dd/mth/yy) _____

Date Approved (dd/mth/yy) _____

For Accounting Use Only						
Entity (3)	Program (5)	Organization (6)	Natural Account (6)	Location (4)	Project (6)	Amount