



PLEASE TICK: PETTY CASH FUND
 REPLENISHMENT & RECONCILIATION
 RECONCILIATION CLOSE OUT

FOR USE BY CUSTODIANS OF PETTY CASH FUNDS ONLY.

Replenishment requests of up to \$200.00 may be submitted to the Cashier's Office (138 University Centre, Fort Garry or P001 Pathology Bldg, Bannatyne). All other requests **must** be submitted to Travel Services, 416 Administration Bldg.

REQUISITION NO.: C _____

Name of Petty Cash Custodian (Payee): _____

Employee No.: _____

Department and Address: _____

Phone: _____ Fax: _____ Email: _____

CASH ON HAND

_____ x Quarters = _____	_____ x \$5.00 = _____	1. Total cash on hand	
_____ x Loonies = _____	_____ x \$10.00 = _____	2. Expenditure receipts (attached)	
_____ x Toonies = _____	_____ x \$20.00 = _____	3. Previous claims submitted but not yet reimbursed	
Other Coin = _____	_____ x \$50.00 = _____	4. Cash (Over) Short	
TOTAL COIN _____	TOTAL BILLS _____	Sum of 1-4 must equal Authorized Petty Cash Amount	
	TOTAL CASH ON HAND _____		

PLEASE TICK THE APPROPRIATE BOX(ES):

I hereby certify that this is a correct statement of expenses incurred for University business in accordance with the Petty Cash Policy.

I hereby request that the Petty Cash Fund be closed out.

Petty Cash Custodian Signature: _____ Date: _____

One Over One Signing Authority (Print Name): _____

One Over One Signing Authority Signature: _____ Date: _____

FOR CASH OFFICE USE ONLY

Signed as to receipt of Cash: _____ Cashier's Initials: _____

