

Petty Cash Fund Reimbursement

Custodian of Fund:	Department:	Date:
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Date	Description of Expense	Account Number	Amount Excluding Taxes	HST	Fund Balance
Original Amount of Petty Cash Float					
Net Balance					
Total to be reimbursed					

Attach all petty cash vouchers and receipts with this form.

Prepared by:
Authorized by:
Voucher Number: