

# Petty Cash Reimbursement

PLEASE ATTACH SUPPORTING DOCUMENTATION AS REQUIRED

Ministry of Finance  
 Provincial Comptroller's Office  
 Central Accounts Payable  
 2350 Albert Street  
 Regina SK S4P 4A6

Name of Petty Cash Custodian (Payee) \_\_\_\_\_

Contact Name \_\_\_\_\_ Supplier Number \_\_\_\_\_

Ministry \_\_\_\_\_ Employee Number \_\_\_\_\_

Division or Branch \_\_\_\_\_ Payee Site \_\_\_\_\_

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 = _____	<b>1. Cheque Requisition Total</b> (Total expenditures)
_____ X \$2.00 = _____	
_____ X \$5.00 = _____	
_____ X \$10.00 = _____	
_____ X \$ _____ = _____	
Coins _____	2. Total cash on hand
Total Cash on Hand _____	3. Previous claims submitted but not yet reimbursed
	4. Less cash over
	Authorized petty cash amount (must equal sum of 1-4)

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

