YORK UNIVERSITÉ UNIVERSITY

PETTY CASH REIMBURSEMENT FORM

Accounts Payable Date Stamp

Instructions:
Complete all non-shaded areas as applicable. When completed, retain a copy of this form for your records and forward the original claim to the appropriate approver. Once approved, forward original claim with all receipts to Accounts Payable, Finance Department.

Notes:
- Claim must comply with Procedure on Reimbursement of Expenses. For useful info, see Expense Claim Review Checklist and FAQ.
- Payroll Services processes all remuneration including honorariums, stipends, prizes, etc. SFS processes awards, bursaries, etc. Do not use petty cash for these payments.
- Purchases of goods/services are not eligible expenses. York must acquire directly through A/P processes, in compliance with Procurement Procedure.

Claimant's Name	Surname	First Name	
*** Mandatory - Employee #**	E		
Contact Details	Phone	Email (mandatory)	
Claimant's Campus Address	Building	Department/Room #	Keele ○ Glendon ○

DISBURSEMENT SUMMARY

Attach original receipts and vouchers. If description of expense requires additional space, please provide an attachment.

Required					Optional			
Date	**Description**	**Account**	**Fund**	**Cost Centre**	**Activity**	**Time**	**Location**	**Amount**

Vendor ID:	**Total Reimbursement**	0.00
	Cash on Hand	
Voucher ID:	**Total Petty Cash Fund**	
	Over or (Short)	0.00

CHARTFIELD SUMMARY

Complete all non-shaded areas. Only the specific shaded boxes are for Finance Use.

Finance Use Only	Chartfield(s) to be Charged Account	Fund	Cost Centre	Optional Activity	Time	Location	Amount
						Subtotal	0.00
	For detailed instructions on the HST/GST rebate, use the Receipt Itemization & Rebate Calculator Tool						
Checked by	001623	200	233009	GST rebatable expenses $		x 0.0258	0.00
Date	001680	200	233009	HST rebatable expenses $		x 0.078	0.00
	[Must agree with above]					**Total Reimbursement**	0.00

Claimant: I hereby certify I have incurred these expenditures, that they are in compliance with all University polices and they have not been reimbursed by a third party.

Claimant's Name (print) _____ Claimant's Signature _____

Title & Unit _____ Date _____

Approver: I hereby certify that I have reviewed the expenditures, confirmed that they are in compliance with all University policies, and that sufficient funds are available to cover the expenditures.

Approval:
From Department Head, Chair, or Executive Officer

Approver's Name (print) _____ Approver's Signature _____

Title & Unit _____ Date _____

Finance Department – Accounts Payable

Print Clear Form