



Petty Cash Reimbursement Request Form

Last Name:

First Name:

E-mail:

Phone Number:

Department Name (to be charged)	Fund	Department	Project (to be charged)	Account

Total Petty Cash Issued

\$

Less: Petty Cash on Hand

\$

Total Amount to be Reimbursed
(Total of Petty Cash Receipts)

\$

Summary of
attached
invoices:

AUTHORIZATION

Custodian Signature (I have certified all petty cash disbursed in my custody conforms to the petty cash policies (AD3.01) and the amount to be reimbursed is accurate)

Name:

Signature

Phone Number:

E-mail:

Date

Authorization Signature (I have ensured that all expenses paid out of my department's petty cash conform to the policies of Simon Fraser University)

Name:

Signature

Phone Number:

E-mail:

Date

Reimbursement Signature (I have ensured that all expenses paid out of my department's petty cash conform to the policies of Simon Fraser University)

Reimbursement
Signature

Date

	x \$5.00	= \$			Rolls x \$2.00	= \$	
	x \$10.00	= \$			Rolls x \$1.00	= \$	
	x \$20.00	= \$			Rolls x 25¢	= \$	
	x \$50.00	= \$			Rolls x 10¢	= \$	
					Rolls x 5¢	= \$	
					Loose Change = \$		
					Total Reimbursement = \$		