UNIVERSITY OF SASKATCHEWAN

SUMMARY OF PETTY CASH EXPENDITURES FORM

Custodian Name:_____ Custodian Vendor #:_____ Department:_____ Phone Number:_____ Date:_____

Date	Description of Expenditure	CHT	FUND	ORG	ACCT	PROG	ACTIV	LOC	Amount	GST Code (Do not Use)	Rec'd from U of S

Instructions for use:

1. This form is to be used to obtain reimbursement, to close out a fund or to return cash.
2. All expenditures require a description, original receipts, receiver signature and custodian and approval signatures.
3. Submit this form and attachments to Payment Services, E80 ADMIN. Please allow 10 business days for processing.
4. If closing out a fund, any remaining cash should be enclosed with this form and should be **hand delivered** to Payment Services, E80 ADMIN.
   Do not send cash through the mail.

	Reimbursement Requested
	Cash on Hand (or deposit if closing fund)
	TOTAL FUND

Certification:

I hereby certify that the above expenditures are related to professional, teaching, research or service activities of the University of Saskatchewan, have been received in good order (where appropriate), are in accordance with applicable policies and guidelines which I have reviewed, have not nor will not be paid for/reimbursed from any other source, and that any personal benefit is incidental.

Custodian Signature: _____ Date: _____

Approver's Signature: _____ Print Name: _____ Date: _____

Processed by:_____