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 ConnectionPoint, 258 Arts Building. Please allow 10 business days for processing.
4. If closing out a fund, any remaining cash should be enclosed with this form and **hand delivered** to Treasury, Room E80 Admin Building.
   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: _____

Approval: (Your signature indicates approval as to the appropriateness and reasonableness of the expenses being claimed.) To the best of my knowledge, any expenses on this form identified as Tri-Agency related charges meet eligibility and compliance requirements of the Tri-Agency and the University.

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

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

Processed by:_____