

UNIVERSITY OF TORONTO PETTY CASH FUND OR IMPREST EXPENDITURE BANK ACCOUNT REQUEST FOR NEW FUND OR FUND INCREASE

PAYABLE TO: 1	PERSONNEL NO. 2	DATE: 5	<input type="checkbox"/> NEW FUND
ADDRESS OF PAYEE: 3		DOCUMENT NO.: 6	<input type="checkbox"/> FUND INCREASE 4
 		CURRENCY 7	<input type="checkbox"/> CDN \$ <input type="checkbox"/> US\$
 		AMOUNT REQUIRED: \$	
ACCOUNTING INFORMATION		SPECIAL INSTRUCTIONS 11	
BUSINESS AREA IF OTHER THAN 1000 8	VENDOR(CUSTODIAN) ACCOUNT NUMBER: 9	<input type="checkbox"/> MAIL	
COMPANY CODE IF OTHER THAN U OF T 10	<input type="checkbox"/> OTHER		
DEPARTMENT CONTACT NAME	DEPARTMENT/OFFICE	TELEPHONE NUMBER	FAX NUMBER
AUTHORIZED APPROVAL 12		TITLE 14	
13		PRINT NAME	

Petty Cash Fund or Imprest Expenditure Bank Account Request for New Fund or Fund Increase Form: Instructions for Completion

Field Number	Field Name	Step Description
1.	Payable To	Enter the name of the University staff (Custodian).
2.	Personnel No.	Enter the personnel number associated with the name of the University staff.
3.	Address of Payee	University staff University address including room number, if available.
4.	New Fund / Fund Increase	Select the applicable field.
5.	Date	Enter the date the form is completed.
6.	Document No.	Leave blank. For use by Central Financial Services Dept.
7.	Currency	Enter the currency and the amount required. Petty Cash is only in CDN \$, Imprest Accounts can be either CDN\$ or US\$. Note: If payment is to be in US\$ do not enter the Cdn\$ equivalent.
8.	Business Area	For UofT excluding Ancillaries enter 1000.
9.	Vendor (Custodian) Account Number	Enter the Vendor Number for a fund increase. Each custodian is given a 7xxxxx series number when the petty cash is set up.
10.	Company Code	Enter the applicable company code if other than UofT.
11.	Special Instructions	Select either Mail or Other. Mail: the funds will be sent via Campus mail to the Payee. Other:the funds will be available for pickup at Financial Services at 215 Huron Street. Please provide contact info.
12.	Department Contact	Enter the name of the individual completing the form noting: Department/Office, phone and fax number.
13.	Authorized Approval Signature	Enter the name of the person authorized to approve the claim (delegated signing authority). Have the person authorized to approve the claim sign the form.
14.	Authorized Approval Title	Enter the title of the person authorized to approve the claim.