UNIVERSITY OF TORONTO

PETTY CASH / IMPREST EXPENDITURE BANK ACCOUNT REQUEST FOR REIMBURSEMENT/CLOSURE/DECREASE

PAYABLE T	O:		PERSONNEL		NO.			DATE:	
						REQUIRED ACT	ION:		
ADDRESS OF PAYEE:						CLOSE FUND		DOCUMENT NO.:	
						REIMBURSE/REPLENISH		PERIOD:	
						DECREASE FUND:		FROM:	
						BY: \$		TO:	
ACCOUNTING INFORMATION									
BUSINESS			VENDOR(CUSTODIAN) ACCOUNT NUMBER:			COMPANY CODE IF OTHER THAN UOFT			CURRENCY: CANADIAN DOLLARS U.S. DOLLARS
						FUNDS MANAGEMENT ACCOUNTING			
DATE	G/L ACCOUNT NO.	TAX CODE	AMOUNT	COST CENTRE ACCTG COST INTERNAL CENTRE ORDER (O R)		FUNDS MANAGEMENT ACCO FUND C/F CENTRE (AND /OR)			DESCRIPTION
REIMBURSEMENT REQUIRED			\$ -		REQUESTED BY:			TELEPHONE:	FAX:
UNIDENTIFIED CASH(OVER) OR SHORT			\$ -						
		, DS ON HAND			AUTHORIZED APPROVAL:				
	TOTAL IM	PREST FUND	\$ -			IGNATURE		TITLE	