

## Petty Cash or Imprest Bank Reimbursement, Closure or Decrease Request Form Instructions

FIELD	FIELD DETAILS AND INSTRUCTIONS
PAYABLE TO	Enter the name of the University staff member – the Custodian
PERSONNEL No.	Enter the personnel number associated with the name of the Custodian
FIS VENDOR No.	Enter the Custodian (Vendor) Number. Each Custodian is assigned a 7xxxxx series vendor number when the Petty Cash Fund or Imprest Bank Account is created.
REQUEST	Use the drop down menu to select one of RIEMBURSEMENT, DECREASE OR CLOSURE
REQUEST DATE	Enter the date the form is completed
DEPARTMENT AND ADDRESS OF PAYABLE TO	Include the Custodian's University department and campus address
CURRENT AMOUNT	Current issued amount of the Petty Cash or Imprest Bank Account
NEW AMOUNT	Confirm the new value when requesting a reduction of the Petty Cash or Imprest Bank amount
CURRENCY	Enter the currency. Petty Cash is in CDN. Imprest Accounts can be CDN or USD.
FIS DOCUMENT NUMBER	Enter the system generated document number upon posting the reimbursement to FIS
DATE FROM	Period of time the expenditures were incurred – From is the date of the first transaction for the form
DATE TO	Period of time the expenditures were incurred – To is the date of the last transaction for the form
BUSAREA	Use the drop down menu to select the Business Area
TRANSACTION AND ACCOUNTING INFORMATION	Table for entering transactions.
DATE	Enter the date of the receipt that the expense occurred
G/L ACCOUNT	Enter the appropriate General Ledger account: 8xxxxx series for expense
AMOUNT	Enter the total amount of the receipt for the expense incurred (including taxes)
TAX CODE	Enter the tax code that reflects the applicable HST. For expense type G/L accounts (8xxxxx) series use an input tax code starting with an "E"
COST CENTRE	Enter either the applicable Cost Centre OR Internal Order but not both
INTERNAL ORDER	Enter either the applicable Cost Centre OR Internal Order but not both
FUNDS CENTRE	Enter the applicable Fund Centre
FUND	If applicable enter the Fund number
COMMIT. ITEM	Fill in only if you are changing the default commitment item. I.E. – spending budget is loaded onto different commitment item – EXP-UFTA, etc.
DESCRIPTION	Enter a description of the expense
REIMBURSEMENT REQUIRED	Calculates the total of the expenses to be reimbursed
UNIDENTIFIED CASH OVER/SHORT	Use when closing or decreasing Petty Cash and Imprest Funds. Enter the amount of money that will be remitted to Financial Services
FUNDS ON HAND OR IN BANK	Total value of cash in Petty Cash or in Imprest Bank Account
TOTAL PETTY CASH/IMPREST BANK	Calculates the total value of the Petty Cash or Imprest Fund
REQUESTED BY	Enter the name of the individual completing the form
REQUESTED BY PHONE #	Enter the phone number of the individual completing the form
REQUESTED BY EMAIL #	Enter the email of the individual completing the form
AUTHORIZED APPROVER NAME	Enter the name of the person authorized to approve the claim (delegated signing authority)
AUTHORIZED APPROVER TITLE	Enter the title of the person authorized to approve the claim
AUTHORIZED APPROVER SIGNATURE	Authorized approver signs completed document after reviewing the supporting documentation