



PETTY CASH / IMPREST BANK

Request for Reimbursement / Closure / Decrease

FIS Docs for closure or decrease (FSD Only)

PAYABLE TO <input type="text"/>	PERSONNEL No. <input type="text"/>	FIS VENDOR No. <input type="text"/>	REQUEST <input type="text"/>	REQUEST DATE <input type="text"/>
------------------------------------	---------------------------------------	--	---------------------------------	--------------------------------------

DEPARTMENT AND ADDRESS OF PAYABLE TO <input type="text"/>	Current Amount <input type="text"/>	Currency CAD	FIS Document Number	
	New Amount <input type="text"/>		Date From <input type="text"/>	Date To <input type="text"/>

BusArea	TRANSACTION AND ACCOUNTING INFORMATION
---------	---

DATE	GL ACCOUNT	AMOUNT	TAX CODE	COST CENTRE	INTERNAL ORDER	FUNDS CENTRE	FUND	COMMIT. ITEM	DESCRIPTION

Reimbursement Required <input type="text"/>	REQUESTED BY <input type="text"/>	AUTHORIZED APPROVER NAME <input type="text"/>
Unidentified Cash Over / Short <input type="text"/>	Requested By Phone # <input type="text"/>	AUTHORIZED APPROVER TITLE <input type="text"/>
Funds On Hand or In Bank <input type="text"/>	Requested By Email <input type="text"/>	AUTHORIZED APPROVER SIGNATURE <input type="text"/>
Total Petty Cash/Imprest Bank <input type="text"/>	<p>CLOSURE of Petty Cash - please follow instructions here: Petty Cash Closure</p> <p>CLOSURE of Imprest Bank - please following instructions here: Imprest Closure</p>	