

Example – Request a New Petty Cash



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Expense Reimbursement Form

Reset Form

Print Form

Payee Information

Use of Form

Employee Expense Student Expense Visitor Reimbursement

Employee/Student ID:

0 7 7 7 7 7 7 7

First Name

Jane

Last Name

Smith

Street Address:

Humphrey Hall
Psychology

City:

Kingston

Province / State:

ON

Country:

Postal / Zip Code:

Travel Location (if travel costs are being claimed)

Destination:

Travel Start Date:
(YYYY/MM/DD)

Travel End Date:
(YYYY/MM/DD)

Nature and Purpose of Expense

If your claim includes hospitality expenses, include information on the business purpose of the meeting/event, the date and the place of entertainment, the names of the attendees and the business relationship of the persons entertained.

New Petty Cash fund for the Psychology Department (#11520)

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Expense Information ADD Row + If you make an error, please remove the row by selecting the "-" button at the end of that row.
If you need to remove Row 1, you must first add a second row.

Date YYYY/MM/DD	Description	Prov. (Where expense was incurred)	Expense Type	km (Mileage only)	Mileage Calc	Amount (Including tax)	Currency	Rate CAD/ Foreign	CAD Total Including Tax	HST/GST	Total (Excluding Tax)
2020/05/11	New Petty Cash request	ON	Other Expenses		\$0.00	\$200.00	CAD	1.00	\$200.00		\$200.00

Date of Travel
YYYY/MM/DD
Start date as entered on Travel Advance

I received a Travel Advance

Requires Payment in currency other than CAD or USD. Please specify and attach [Wire Transfer Info Form](#)

I am an American Visitor. **Please reimburse in USD.**

Total Expenses for Reimbursement: \$200.00

Account Information ADD Row + REMOVE Row -

Fund	Department	Account	Program	Class	Project	Amount (Excluding Taxes)
1 0 0 0 0	4 2 0 9 8	1 0 1 0 0 1				\$200.00
<i>*Account Amounts in lines above MUST equal this Total</i>						
Total: Excluding Taxes						\$200.00
HST/GST:						
Total Expenses for Reimbursement: (Including Taxes)						\$200.00

For Research Related Travel Only

Traveler Affiliation to Principal Investigator (PI): Other, please explain

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Signatures & Approval

Prepared By / Payee: (Mandatory)

Full Name: Jane Smith

Phone Number: EX 7777

Date: 2020/05/13

This claim was prepared for: Myself Payee as named on form

Department: Psychology

By signing below I certify that all expenditures in this claim adhere to the University and Funding Agency policies, that expenditures were incurred for University purposes, and that no reimbursement has been or will be made from a third party.

Preparer
Signature:

Manager Approval: (Mandatory)

Full Name: Elizabeth Browning

Position and Department: Department Head - Psychology

By signing below I have reviewed the expenses claimed by the claimant and I certify that the claim is accurately completed and that all expenditures in this claim are reasonable and were incurred for University purposes.

Signature:

Date: 2020/05/13

Department/Research Project/Funding Signing Authority: (If applicable)

Full Name:

Position and Department:

By signing below I have reviewed the expenses submitted by the claimant and I certify that the expenditures in this claim are reasonable, that they are charged to the correct Department and/or Research Project, and that sufficient funds are available to cover the claim.

Signature:

Signature:

Date:

Notice of Collection: When complete, this form will contain Personal & Confidential information. This information is being collected under the authority of the Queen's Royal Charter of 1841. This information will be used to calculate and track approved University related travel expenses and other expense reimbursements..