NBCC Team Finance

REPLENISHMENT OF PETTY CASH

For Posting To Fiscal Year:	Prepared By:	Reviewed - OPT MGR: Opt MGR with Spending Authority for coding.
20 (YY-YY)	Print Name of Petty Cash Holder	Print Name of OPT Manager
Month:	Signature	Signature
E.g. MAR, APR	Date YY-MM-DD	Date YY-MM-DD

Supplier Number:		Department:		Petty Cash Fund Value:	
Campus Location DFF:		Initiative DFF:		Physical cheque required? Yes ✔	Invoice #: Eg: PC-YY-MM-DD PC=Petty Cash Holders Initials

Dept	Org	Prog	Account	Fund	Function	Future	Amount	Tax	Total	Date YY-MM-DD	Vendor Name with Item Description
660.	28081.	822501.	24088.	900.	31241.	000.0000.0000		0.00	0.00		Cash +/-
660.				900.		000.0000.0000			0.00		
660.				900.		000.0000.0000			0.00		
660.				900.		000.0000.0000			0.00		
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660.				900.		000.0000.0000			0.00		
660.				900.		000.0000.0000			0.00		
					Receipt Totals	0.00	0.00	0.00	0.00		Variance

Receipt Balance	0.00
Cash on Hand	
Petty Cash Variance	0.00

Valid Documentation (Invoices/Receipts) must be attached to this form with accurate financial coding. *Incomplete forms will be returned.*

Complete Petty Cash replenishment when the value remaining reaches 1/2 total float value (recommended) or monthly (minimum). If this page is full, create a new request.

Team Finance Use Only:	SEND TO: 1234 MOUNTAIN ROAD MONCTON, NEW BRUNSWICK E1C 8H9 Procure-to-Pay (P2P) email: p2p@nbcc.ca
Pay Document Number	