

ST. THOMAS MORE COLLEGE PETTY CASH VOUCHER

NAME OF CLAIMANT: _____ DEPARTMENT: _____

DESCRIPTION OF ITEM	GST PAID	TOTAL	ACCOUNT #	AMOUNT	GST REBATE
TOTAL PETTY CASH CLAIMED:	\$	\$		\$	\$

FOR OFFICE USE ONLY

SIGNATURE OF CLAIMANT: _____ DATE: _____ / _____ / _____
MONTH DAY YEAR

APPROVED BY: _____ DATE: _____ / _____ / _____
MONTH DAY YEAR

FOR BUSINESS OFFICE USE ONLY:	
AMOUNT CLAIMED: \$	AUTHORIZED BY:
GST PAID/GST REBATE: \$	CHEQUE#:
NET AMOUNT CLAIMED: \$	DATE: