



PETTY CASH FORM

Strata Plan: _____

			Opening Balance	
Date	Paid To/ Received From	Purpose/ Account Code	Amount (\$)	Balance

Please attach all original Invoices and Receipts when submitting this document for reimbursement
Reimbursement cheque will be issued to bring the total petty cash back to the council authorized amount

Signature of Cashier: _____

Cheque Payable to: _____

Amount: _____

Strata Manager Authorization: _____

Date: _____