

Payment Requisition Form - Replenishing Petty Cash Float

PAYABLE TO: _____ **PETTY CASH ACCOUNT**
(Please Print - Legal name on External Bank Account)

PAYEE PERMANENT ADDRESS:

Street _____ Apt. _____
 City _____ Postal Code _____

PAYMENT AMOUNT: _____ CAD **PAYMENT OPTION:** EFT

Co	Accounting Unit	Account	Project Number	Amount	HST/GST/PST	Total

TOTAL _____

SMH NORMAL PAYMENT TERMS: **VENDOR - 45 Days** **STAFF - 10 days**

REASON FOR REQUEST: _____ Replenishing Petty Cash Float _____

STUDY TILE: _____

AUTHORIZATION:

 Name Print Signature Date

INTERNAL CONTACT INFORMATION: _____
Department Extension

- Please be sure to provide your honorarium log of how the funds were distributed along with a bank statement to confirm funds were used. Forms will not be processed without the honorarium log and bank statement
- Ensure requisition form is completed with proper authorization or it will be returned to the requisitioner
- Retain copy for reference
- Send completed requisition to: ResearchFinance@unityhealth.to