



## 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:** \_\_\_\_\_