

Petty Cash Close Out Form

In order to close your petty cash float, please follow the **4 STEPS BELOW**

1. If the study team has cash on hand, please deposit the funds to the SMH cash office and quote the study/project activity and the following account 1-1- 111110-1010. If the study team has a chequing account, they can also issue a cheque to Unity Health Toronto. Please attach a deposit slip from the Cash Office and/or cheque to Unity Health Toronto (if applicable).
2. Please provide a **BANK STATEMENT** from your bank to confirm the funds used.
3. Complete this **PETTY CASH CLOSE OUT FORM**
4. Submit a copy of a signed **PETTY CASH HONORARIUM LOG** (if necessary)

Note: To close out the petty cash account, the "Total Float Amount" (#3) must be accounted for and equal the "Unspent Funds Returned" (#1) and the "Final Funds Dispersed" (#2). The "Total Float Amount" (#3) must equal the "Initial Float Amount" (#4) that was first deposited into the petty cash float.

RESEARCH STUDY TITLE:

#1. UNSPENT FUNDS RETURNED: \$ **REMAINING FUNDS RETURNED TO CASH OFFICE AND/OR CHEQUE ISSUED TO UNITY HEALTH TORONTO**

#2. FINAL FUNDS DISPERSED (total amount supported in honorarium log):

Co	Accounting Unit	Account	SubA/C	Activity	Amount	HST/GST	Total
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#2. TOTAL FINAL FUNDS DISPERSED: \$

#3. TOTAL FLOAT AMOUNT = #1 + #2 = \$

#4. INITIAL FLOAT AMOUNT (Amount that was first deposited into the account): \$

FORM VERIFICATION

"Total Float Amount" (#3) - "Initial Float Amount" (#4) = \$

Does the "Total Float Amount" (#3) - "Initial Float Amount" (#4) = \$0?
 If yes, kindly submit this form. If no, please re-do your calculation.

AUTORIZATION

 Name Print Principle Investigator Signature Date

INTERNAL CONTACT INFORMATION: _____
Name & Department Phone Number/Extension

- Please be sure to provide your honorarium log information to Accounts Payable to replenish the float or close the float.
- 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