Petty Cash Reimbursement/Acquittal of Advance Form

HiFlex Physio

Complete this Section for All Claims						
		Oracle Number				
Date	Particulars of Goods/Services	Company	Location	Activity	GST Amt	Total
Total Claimed						

Complete this Section for Claims Relating to Pre-Approved Petty Cash Advances (In Addition to the Section Above)

Date of Advance	Advance Approver Name (in BLOCK letters)	Amount

Petty Cash Advance Acquittal	
Unused Petty Cash Advance Repaid	
or	
Claims in Excess of Petty Cash Advance	

Certification and Approvals for all Claims and Acquittals

The above items have been purchased for HiFlex Physio

Claimant Name | Claimant Signature | Amount

PETTY CASH CUSTODIAN ACQUITTAL CONFIRMATION

Advance acquitted and balance of $ _____ issued/repaid (delete as applicable)

Custodian Name | Custodian Signature | Date

ALL PURCHASES $50 AND OVER MUST BE SUPPORTED BY A TAX INVOICE WITH AN ABN QUOTED.

PURCHASES BELOW $50 MUST BE SUPPORTED BY A TAX INVOICE OR RECEIPT

Section 4: FBT DECLARATION - ONLY complete if transactions attract Fringe Benefits Tax

The above expenses were incurred by me during the period _____ to _____

for the following purpose(s) _____

Other FBT Expense Payment ONLY _____ FBT Entertainment Expense ONLY _____

The percentage incurred on Bounce Fitness Business was: _____ % Total No. of person's _____ No. Staff _____

Name of person claiming payment | Signature | Date Received

Administration Use Only - to be completed by Petty Cash Officer

Receipts / supporting documentation attached _____

ID Provided (Details) _____