

9A Program Expense Worksheet Instructions

Applicable to: Petty Cash
 Employee Expense Reimbursement
 MasterCard Charges


Can be found on O: Drive - <O:\Sources Public\Sources Forms\Finance Forms mileage and expenses etc>

If you have any questions or concerns, please contact Ramneet Dhesi at rdhesi@sourcesbc.ca or 604-541-5049

STEP 1

Fill out “Payable To”, “Department”, and “Expense Type” field

If filling out for Petty Cash, complete the “Cash Count” (yellow fields are fillable)


	B	C	D	E	F	G	H	I	J	M	N	O								
2										Cash Count	No of bills	Amount								
3																		100		-
4																		50		-
5																		20		-
6																		10		-
7																		5		-
8										EMPLOYEE INFORMATION: Payable To: _____ Department: _____ Expense Type: Pick from drop-down list									EXPENSE PERIOD: From: _____ To: _____	
9										Total - Coins										
10										Total Cash		\$								
11	Balance forward:																			
13	Date	Ref#	Description	Amount Before Tax	PST	GST	Account Number	Account Name	Account Name (If Others)	Total with tax	50%GST	Total								
14										Cash On Hand:		-								
15										Accounting Use Only:										
16					-	-	-	Pick from drop-down list		-	-	-								
17					-	-	-	Pick from drop-down list		-	-	-								
18					-	-	-	Pick from drop-down list		-	-	-								
19					-	-	-	Pick from drop-down list		-	-	-								
20					-	-	-	Pick from drop-down list		-	-	-								
21					-	-	-	Pick from drop-down list		-	-	-								
22					-	-	-	Pick from drop-down list		-	-	-								
23					-	-	-	Pick from drop-down list		-	-	-								

STEP 2

Enter expenses (include date, description, amount before taxes)

Verify tax amounts (GST/PST) are correct; they are automatically calculated

If there is no tax, zero out the cell. If tax amounts are different, manually enter the amount

	B	C	D	E	F	G	H	I	J	M	N	O								
2										Cash Count	No of bills	Amount								
3																		100		-
4																		50		-
5																		20		-
6																		10		-
7																		5		-
8	EMPLOYEE INFORMATION:			EXPENSE PERIOD:																
9	Payable To: _____			From: _____																
10	Department: _____			To: _____																
11	Expense Type: Pick from drop-down list																			
											Balance forward:									
	Date	Ref#	Description	Amount Before Tax	PST	GST	Account Number	Account Name	Account Name (If Others)	Total with tax	50%GST	Total								
13										Cash On Hand:		-								
14										Accounting Use Only:										
15																				
16					-	-	-	Pick from drop-down list		-	-	-								
17					-	-	-	Pick from drop-down list		-	-	-								
18					-	-	-	Pick from drop-down list		-	-	-								
19					-	-	-	Pick from drop-down list		-	-	-								
20					-	-	-	Pick from drop-down list		-	-	-								
21					-	-	-	Pick from drop-down list		-	-	-								
22					-	-	-	Pick from drop-down list		-	-	-								
23					-	-	-	Pick from drop-down list		-	-	-								

STEP 3

Select the "Account Name" (purpose of the expense)


If not listed select "Other"

	B	C	D	E	F	G	H	I	J	M	N	O		
5	COMMUNITY RESOURCE CENTRES										20		-	
6											10		-	
7	EMPLOYEE INFORMATION:				EXPENSE PERIOD:									
8	Payable To: _____				From: _____				Total - Coins					
9	Department: _____				To: _____				Total Cash \$ -					
10	Expense Type: Pick from drop-down list												Balance forward: _____	
11														
13	Date	Ref#	Description	Amount Before Tax	PST	GST	Account Number	Account Name	Account Name (If Others)	Total with tax	50%GST	Total		
14										Cash On Hand:		-		
15										Accounting Use Only:				
16				-	-	-		Pick from drop-down list		-	-	-		
17				-	-	-		Copying Postage & Stationary		-	-	-		
18				-	-	-		Equipment Maintenance		-	-	-		
19				-	-	-		Food		-	-	-		
20				-	-	-		Furniture & Equipment		-	-	-		
21				-	-	-		Library		-	-	-		
22				-	-	-		Membership		-	-	-		
23				-	-	-		Personal Needs		-	-	-		
				-	-	-		Program Activities		-	-	-		
				-	-	-		Pick from drop-down list		-	-	-		
				-	-	-		Pick from drop-down list		-	-	-		

STEP 4

Confirm if the "Total" column matches the total on the receipt

If they do not, double check "Amount Before Tax", "PST", and "GST"

	B	C	D	E	F	G	H	I	J	M	N	O
2										Cash Count	No of bills	Amount
3										100		-
4										50		-
5										20		-
6										10		-
7										5		-
8	EMPLOYEE INFORMATION:			EXPENSE PERIOD:					Total - Coins			
9	Payable To: _____			From: _____						Total Cash	\$	-
10	Department: _____			To: _____								
11	Expense Type: Pick from drop-down list									Balance forward: _____		
13	Date	Ref#	Description	Amount Before Tax	PST	GST	Account Number	Account Name	Account Name (If Others)	Total with tax	50%GST	Total
14										Cash On Hand:		-
15										Accounting Use Only:		
16					-	-	-	Pick from drop-down list		-	-	-
17					-	-	-	Pick from drop-down list		-	-	-
18					-	-	-	Pick from drop-down list		-	-	-
19					-	-	-	Pick from drop-down list		-	-	-
20					-	-	-	Pick from drop-down list		-	-	-
21					-	-	-	Pick from drop-down list		-	-	-
22					-	-	-	Pick from drop-down list		-	-	-

STEP 5

Once all receipts are entered, total up the vouchers/receipts and compare it to the “Amount Requested”

For Petty Cash, the “Cash Count” and “Amount Requested” should equal your petty cash float

If everything matches up, print the expense form

33				-	-	-	Pick from drop-down list		-	-	-
34				-	-	-	Pick from drop-down list		-	-	-
35				-	-	-	Pick from drop-down list		-	-	-
36				-	-	-	Pick from drop-down list		-	-	-
37				-	-	-	Pick from drop-down list		-	-	-
38				-	-	-	Pick from drop-down list		-	-	-
39				-	-	-	Pick from drop-down list		-	-	-
40				-	-	-	Pick from drop-down list		-	-	-
41				-	-	-	Pick from drop-down list		-	-	-
42				-	-	-	Pick from drop-down list		-	-	-
43				-	-	-	Pick from drop-down list		-	-	-
44				-	-	-			-	-	-
45									Carry forward to next worksheet	-	-
46	Prepared by:			Authorized by:					Amount Requested	-	-
47									Petty Cash Fund	-	-
48									Accounting use: Error check		
49									Date Revised: Apr 2017		

882 Maple Street, White Rock, BC V4B 4M2 T 604.531.6226 F 604.531.2316

Ready

