

**Finance Department  
Petty Cash Reconciliation Form**

**Custodian Details**

Name:  Job Number:

**Project Details**

Sponsor Grant Number:  Project PI:

Award Number:  Project Number:

**Amount Details:**

Total Amount of the advance:

**List of Items to be Purchased Using Advanced Cash**

Purchase Date	Supplier	Invoice	Task/ Budget Category	Amount (QAR)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Amount (QAR):</b>				<input type="text"/>

Refund                       Claim                      Amount (QAR)

**\*\*Please attach the Original receipts/invoices of all expenditure items.**

***Signature of Principle Investigator (PI)***

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**All fields must be TYPED (NOT hand written) and COMPLETED**