Monthly Petty Cash/ Patient Study Fund Reconciliation

This is a fillable form. Click on the View tab and select edit document.

# Date of Reconciliation:

|  |  |  |
| --- | --- | --- |
| Fund Type: | [ ]  Change Fund | [ ]  Participant/Patient Study |

|  |  |
| --- | --- |
| Cash on Hand: | $      |
| Tickets On Hand, Receipts, etc: | $      |
| Total: | $      |

By signing below, I agree that I have read, understand and will comply with the [Petty Cash](https://policy.vcu.edu/universitywide-policies/policies/petty-cash-administration.html) policy. I agree that I will notify Treasury Reporting of any overage or shortage and of a change in custodian, department head, or designee. I understand that I am solely responsible for the safekeeping of the petty cash funds and for the reimbursement of the petty cash funds. I understand that I shall close the petty cash fund as soon as possible when it is no longer needed.

Reconciliations must be reviewed and approved in writing by the department head, dean or designee. Monthly reconciliation support documents must be stored in an electronic format that cannot be altered after completion and accessible to the custodian and department head, dean or designee for reference. DocuSign is recommended.

|  |  |  |  |
| --- | --- | --- | --- |
| Custodian Name: |       | Date: |       |
| Custodian Signature: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Approver Name: |       | Date: |       |
| Approver Signature: |       |