# Monthly Petty Cash/ Patient Study Fund Reconciliation

Date of Reconciliation: _____

Type of fund (circle one): PETTY CASH CHANGE FUND PATIENT STUDY CHECKING ACCOUNT

a. Cash on Hand: $_____

b. Tickets, Receipts, Etc. on hand: $_____

Total (a + b): $_____

By signing Petty Cash/Change Fund Reconciliation, I agree that I have read and understand the Petty Cash Policies and Procedures as stated in Section 5.30 of the Financial and Budget Administration Policies and Procedures Manual. I agree that I will notify Treasury Reporting of any overage or shortage and of a change in custodian. 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.

**Certified by**: _____ on _____
Signature of Custodian Date

_____
Print Name of Custodian

_____ _____
Department/Division Telephone No.

**Reviewed and Approved by**: _____ _____
Signature of Business Manager or Dean/ Department Head Date

_____
Printed Name of Business Manager or Dean/ Department Head