**PETTY CASH ACTION FORM**

**Attachment B**

**Petty Cash/Change Fund Reconciliation**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Department: |  |
| Custodian Name: |  | Telephone: |  |
| Campus Mailing Address: |  | | |
| Location of Funds (Building, Room #): |  | | |

Please complete the following reconciliation for your petty cash fund:

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

By signing Petty Cash/Change Fund Reconciliation, I agree that I have read and understand the Petty Cash policy. 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:

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