

**CUSTODIAN’S PETTY CASH FUND RECONCILIATION – CASH ACCOUNT**

 DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check one of the following:**

**❑ HOLD AND CALL (PICK-UP CHECK FROM TREASURER’S OFFICE)**

**❑ MAIL TO ADDRESS BELOW**

CUSTODIAN’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SLOT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (For Mailing Replenishment Check)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROOM NO.\_\_\_\_\_\_\_\_\_\_\_\_\_

 Established amount of Fund………………………… $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Disbursements (attach documentation)... $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Cash on Hand …………………………………… $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Difference, if any …………………………………..….. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation of difference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Custodian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*“As fund custodian, I recognize that I am personally responsible for the full amount of the fund entrusted to me and certify this amount is currently represented by either cash on hand, receipts for reimbursement, or signed vouchers.”*

Count witnessed by: Account number to be charged: (fund, CCN, WBSE)

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Custodian’s Supervisor

**MUST HAVE SECOND SIGNATURE**

Instructions: To be completed and submitted with a Schedule of Reimbursement and/or original receipts to the Treasurer’s Office, slot 560.