



Attachment III

Reconciliation of Petty Cash Fund

Department _____ Date _____

Date of Petty Cash Request:

Cash on Hand

Coin: \$ _____

Currency: \$ _____

Total Cash: \$ _____

Disbursements

Total of Receipts: \$ _____

Pending Reimbursements \$ _____

Total Disbursements \$ _____

Total Cash and Disbursements \$ _____

Subtract Authorized Amount of Fund \$ _____

Overage/Shortage* \$ _____

*Please explain: _____

This certifies that I have reviewed and verified this report. All expenditures reported herein are in compliance with College policies.

Signature of Custodian

Signature of Department Head

Reconcile your Petty Cash Fund at least on a monthly basis and prior to requesting replenishment of Petty Cash Fund.