Petty Cash Fund Reconciliation

Custodian Name:	
Department:	
Date of Reconciliation:	
Fund Amount: \$	
Cash on Hand:	
Receipts on Hand Not Submitted on Check Request:	
Check Requests in Progress: (please attach list)	
Total Funds Accounted For:	
Authorized Petty Cash Fund Amount:	
Discrepancy: (if this is not \$0.00, please attach an explanation)	
I certify that on, I had in my possession and under m these funds are being administered in compliance with campus po	icy and procedure number 5.4.
S BUILT IN THE SMARTSHEET SUBMISSION PROCESS.	URSAR & TREASURY SERVICES. APPROVAL WORKFLOW
Reconciler Signature (cannot be the Custodian):	
Custodian Signature:	
Department Head/Director Signature:	