



CUSTODIAN'S PETTY CASH FUND RECONCILIATION – GIFT CARDS

DATE _____

No Check Reimbursement

CUSTODIAN'S NAME _____

ADDRESS _____

SLOT _____

DEPARTMENT _____

ROOM NO. _____

A. Beginning Balance (ending balance from previous)	\$ _____
B. New Gift Card Purchases PO# _____	\$ _____
C. Total Disbursements (attach documentation)	\$ _____
D. Subtotal (A+B-C)	\$ _____
E. Total Amount on Hand (Actual Count)	\$ _____
Difference, if any	\$ _____

Explanation of difference:

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)

Custodian's Supervisor

Debit _____

MUST HAVE SECOND SIGNATURE

Credit _____

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