



STATEMENT OF PETTY CASH CUSTODIAN'S RESPONSIBILITY

PART I – to be completed by Financial/Business Administrator

_____	_____
Fund/Cost Center/WBSE	Date Sent
\$ _____	_____
Fund Amount	Disbursement Check # Check Date <i>(Treasurer's office to complete)</i>
_____	_____
Custodian	Location of Funds (Room # & Building)
_____	_____
Financial/Business Administrator	Department
_____	_____
	Telephone #

PART II – to be completed by Custodian

I, _____, acknowledge custody of _____
Print/Type Custodian Name Fund/Cost Center/WBSE

in the amount of \$ _____ on _____, for the purpose of transacting petty
Fund Amount Date Received

cash expenditures within the guidelines of The University of Arkansas for Medical Sciences Petty Cash Policies and Procedures as stated in the Petty Cash Funds Policy.

I assume the responsibility for proper control and accountability for the Fund at all times and agree to attend the petty cash training course within one month of the date I received the funds. I understand that the Fund may be inspected at any time by the Treasurer's Office, Finance, UA Internal Audit, Grants Accounting, UAMS contracted auditors and Legislative Audit personnel.

I agree that actual petty cash expenses will be reported on the standard Petty Cash Replenishment Report. If I do not provide a proper accounting upon termination of my responsibility for this fund, I hereby authorize The University of Arkansas for Medical Sciences to deduct the amount of any missing or unaccounted funds from my salary.

I further assume the responsibility for informing the Financial/Business Administrator, in writing, of any changes in the information provided by this statement. (Use Petty Cash Action Form).

Custodian's Signature Date

Instructions: To be completed and submitted to the Treasurer's Office, slot 560. Replenishments will be issued for this petty cash fund when this form is signed, submitted and approved by the Treasurer's Office.