



**Petty Cash
Reconciliation and Replenishment Form**

Department _____

Date of Reconciliation _____

Cash on Hand \$ _____

Plus Cash Expended (summarize from receipts below) \$ _____

Total \$ _____

Receipt Summary

| Account Number | Amount |
|----------------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Total | _____ |

I certify the above to be correct.

Petty Cash Fund Authorized Signer

Date

Supervisor Signature

Date