Department___________________________________

Approved Petty Cash Amount: ________________

1. Total of purchase order with receipts & summary sheet ________________

2. Total of remaining cash ________________

3. Total of other requested petty cash reimbursements ________________

Grand Total: ________________

(The grand total must equal the approved petty cash amount.)

I,____________________________________ certify that the above information is true and correct as of today's date of ____________________.

Note: If the person signing this form has changed, please have the department head OK this change by signing here ________________________________.

Signature__________________________________

Position___________________________________