Revised August 8, 2016

DEPARTMENT OF CULTURE, RECREATION AND TOURISM
Office of Management and Finance
OFFICIAL PETTY CASH REPORT

Date of Request: ____/____/_____ Agency:_____ Petty Cash Custodian:_____	Location (Facility or Unit):_____ Office Address: _____ _____

Reason for Request:

- ❑ a.) Establish New Petty Cash fund (New location)
- ❑ b.) Increase/Decrease in Petty Cash Fund
- ❑ c.) Annual Petty Cash Verification
- ❑ d.) Change in Petty Cash Custodian

Establish New Petty Cash Fund	**Increase/Decrease in Petty Cash Fund**
Amount Requested $_____ Amount Issued $_____ Requested by:_____ Received by: _____ Petty Cash Custodian _____ Print Name	Current Amount $_____ Increase/Decrease $_____ Revised Amount $_____ Requested by:_____ Received by: _____ Petty Cash Custodian _____ Print Name

Annual Petty Cash Verification / Change in Petty Cash Custodian

Date of Reconciliation ____/____/____:

1. Total Actual Petty Cash on Hand: $ _____
2. Total Petty Cash Reimbursements in Transit (requested, not yet received): $ _____
3. Total Petty Cash Receipts (reimbursement not yet requested): $ _____
4. Total Petty Cash Fund: $ _____

Completed by: _____ _____ Current (or Outgoing) Petty Cash Custodian — Date _____ Print Name	Verified by**: _____ _____ Incoming Petty Cash Custodian — Date _____ Print Name

Required for all requests:

Approved by: _____ _____
Immediate Supervisor — Date

Approved by: _____ _____
Assistant Secretary — Date

Required for Annual Petty Cash Verification or Change in Petty Cash Custodian:

Reviewed by:_____ _____
OMF — Date

Approved by:_____ _____
Undersecretary — Date

Changes completed in TMS, recorded on Official Petty Cash Custodian spreadsheet and copy forwarded to agency.

_____
Payables Accountant / Date

_____
Accounts Director/Date