

DEPARTMENTAL PETTY CASH FUND
REIMBURSEMENT RECONCILIATION

Date: _____

Custodian: _____
(Print and sign full name -- no initials, no stamps)

University Identification Number (UIN): _____

Budget Code: _____

Balance of Cash on Hand: _____

Outstanding Checks _____

Reimbursement Requests Submitted
to Accounts Payable Not Yet
Received _____

Total **Commonwealth** Expenditures
(From Reimb. Request Summary Form, PC-2) _____

Total **Local** Expenditures
(From Reimb. Request Summary Form, PC-3) _____

Total Cash and Expenditures _____

Total Authorized Petty Cash Fund _____

Cash Over: _____ **

Cash Short: _____ **

** The cash over/short amount will be charged to the budget noted above with sub-object code 5216.