

University of Arkansas
Cash Management Office
205 Administration Building
479-575-7546 | Fax: 479-575-8660

PETTY CASH FUND RECONCILIATION
WITHOUT A BANK ACCOUNT

Department: _____

Location: _____

Statement Period: _____ to _____

Fund Account Number: _____

Fund Balance (Per Agreement) \$ _____

Cash in Office \$ _____

Paid bills, or receipts on hand, pending claims * \$ _____

FUND BALANCE \$ _____

* Please attach a detailed list supporting this item.

“As fund custodian, I recognize that I am personally responsible for the full amount of the fund entrusted to me and certify this amount is currently represented by either bank funds, cash on hand, receipts for reimbursement, or signed vouchers.”

Signature of Custodian

Date