

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

CHANGE FUND RECONCILIATION

Department: _____

Location: _____

Statement Period: _____ to _____

Fund Account Number: _____

Fund Balance (per agreement): \$ _____

Cash Box or Register Balance: \$ _____

Cash (Over)/Short: \$ _____

FUND BALANCE: \$ _____

“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.”

Custodian Name (Please print or type)

Signature of Custodian

Date