

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

PETTY CASH FUND RECONCILIATION

Department: _____

Location: _____

Statement Period: _____ to _____

Fund Account Number: _____

Ending Bank Balance per Statement* \$ _____

Less: Interest Earned (Month/Year) \$ _____

Less: Outstanding Checks ** \$ _____

Plus: Deposits in Transit ** \$ _____

Adjusted Bank Balance = Register Balance \$ _____

Claims for Reimbursement in Process ** \$ _____

Unsubmitted Claims ** \$ _____

FUND BALANCE \$ _____

* Please attach a copy of your bank statement for this period.

** Please attach a detailed list of these items.

“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