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ACCOUNTING PROCEDURES - GENERAL Section: 300-10 EXHIBIT D Effective: 01/17/1991 Supersedes: 01/01/1970 Review Date: TBD Issuance Date: 01/17/1991 Issuing Office: Accounting Office

EXHIBIT D

Custodian Name Department Name Mail Code

SUBJECT: PETTY CASH

I. June 30, 1990 Request for Reimbursement

In order to properly record 1989/90 Petty Cash disbursements, Petty Cash Custodians must submit requests for reimbursement covering all petty cash vouchers received through the close of business on June 30th. These requests must be received in the Accounting Office (Disbursements Division, Mail Code 0955) by 4:00 p.m. July 2nd.

----- cut along dotted line -----

* * * * * PLEASE RETURN THIS FORM TO ANNA AT 0953 WHEN COMPLETED* * * *

II. June 30, 1990 Certificate of Possession

The intent of the following Certification of Possession of Campus Cash Funds is to identify the fund custodian and to verify the amount of the petty cash fund at the close of business on June 30, the final day of the fiscal year. If June 30 falls on a day when your department is closed, this form should be completed at the start of the next business day. This form must be completed prior to any July petty cash activity.

CERTIFICATION

I certify that on June 30, 1990 I counted and had in my possession and under my control \$______ in petty cash funds and that these are being administered in compliance with campus Policy and Procedure Manual 300-10, "Petty Cash Funds". I also certify that the cash count was witnessed.

Fund Custodian Signature		Date	Witness Signature	Date
		CASH COL	JNT WORKSHEET	
Currency:			Coin:	
\$1	\$ 50		.01	
\$2	\$100	·	.05	
\$5	\$ 500	·	10	

University of California San Diego Policy – PPM 300 - 10 Exhibit D PPM 300 - 10 Petty Cash Funds

\$ 10	.25		
\$ 20	.50		
Total Fund: Total Currency Comments:		= \$	*

* Should equal amount issued to Custodian. If there is a variance, i.e., cash short or over, please fill in the reason for the variance in the Comment Section above. For example, if you are short due to a pending "Request for Reimbursement", please so indicate in the Comment area.

If any of the following information is incorrect, please cross out the incorrect items and note corrections.

Custodian : Custodian Name Petty Cash Amount : \$ xxx Department : Department Name Mail Code : xxxx Extension # : xxxx

* * * * * PLEASE RETURN THIS FORM TO ANNA AT 0953 WHEN COMPLETED* * * * *