



PETTY CASH Monthly Reconciliation Form

Office of the Controller

This form requests the custodian and business unit approver confirm that the petty fund is still in place, is still being used for its original stated purpose, and is still necessary on a monthly basis. Complete and scan this form to Oriana Mangarre-Rodriguez at CashRequests@fiu.edu in order to remain compliant with the Controller's Office procedures.

DATE:

CUSTODIAN INFORMATION

Employee Name: PID:

Department Name: Email Address:

Job Title: Work Phone:

RECONCILIATION

Project/Activity Number:

Campus: Building: Room:

Authorized Petty Cash Funds:
Cash on Hand:
Receipts on Hand:
Total Amount of Participant Payment Fund:
Cash Over/(Short):

TO BE COMPLETED BY BUSINESS UNIT APPROVER

Approver Name: Job Title:

Email Address: PID:

Approver Signature: Date: