MESSIAH COLLEGE

Petty Cash Reconciliation Form

Print Form

FY 15

Department Name _____ Supervisor Name _____

Org Number ☐☐☐☐ Begin Date _____ Begin Balance _____ Your ID # ☐☐☐☐☐☐☐☐

Date	Purchase Description	Business Purpose	Who Purchased?	Acct #	Amt	**Balance**

Total Expenses

Cash Remaining

Authorized Cash Pickup Designee**

By signing below, I certify that the above report is an accurate and true depiction of transactions to the best of my knowledge and ability. I also certify that the expenses are eligible to be paid with Messiah funds per the *Expenditure Policy*.

Reconciled by: _____ _____

signature *date*

Supervisor: _____ _____

signature *date*

Last update 6/25/2014 Stephen Beaver

**Take this form and all receipts to the Business Office Counter to request a replenishment of your Petty Cash fund. Please sign below at the counter:

Employee Receiving: _____ _____

signature *date*

Business Office: _____ _____

signature *date*