

Section A: Petty Cash and Change Funds General Information

Custodian Name:	<input type="text"/>	Date:	<input type="text"/>
Position Title:	<input type="text"/>	Time:	<input type="text"/>
Phone Number:	<input type="text"/>	IRB #:	<input type="text"/>
Department Box #:	<input type="text"/>	# of PC Accounts:	<input type="text"/>
Campus Address:	<input type="text"/>		
Physical Location of Cash (Lockbox/Safe/Drawer/ Cabinet, etc.):	<input type="text"/>		

Section B: Cash on Hand

Enter the number of bills and/or coins in the entry cells. The **Total Cash on Hand** will be calculated automatically.

Bills					Coins				
\$100	x	<input type="text"/>	=	<input type="text"/>	\$1.00	x	<input type="text"/>	=	<input type="text"/>
\$50	x	<input type="text"/>	=	<input type="text"/>	\$0.50	x	<input type="text"/>	=	<input type="text"/>
\$20	x	<input type="text"/>	=	<input type="text"/>	\$0.25	x	<input type="text"/>	=	<input type="text"/>
\$10	x	<input type="text"/>	=	<input type="text"/>	\$0.10	x	<input type="text"/>	=	<input type="text"/>
\$5	x	<input type="text"/>	=	<input type="text"/>	\$0.05	x	<input type="text"/>	=	<input type="text"/>
\$2	x	<input type="text"/>	=	<input type="text"/>	\$0.01	x	<input type="text"/>	=	<input type="text"/>
\$1	x	<input type="text"/>	=	<input type="text"/>					
Total Cash on Hand (Bills and Coins):									

Section C: Summary

Total Cash on Hand will be populated automatically. Enter all other values to automatically calculate the **Variance**.

Petty Cash Authorized Amount	<input type="text"/>
Less Total Cash on Hand (Bills & Coins)	<input type="text"/>
Less Total Receipts (Not yet submitted)	<input type="text"/>
Less Total Pending Replenishment Requests	<input type="text"/>
Less Total Uncashed Reimbursement Checks	<input type="text"/>
Less Others (Explain, use attachment if necessary)	<input type="text"/>
Variance (should be zero): Shortage or (Overage)	<input type="text"/>

Section D: Comment/Explanation (if any - use Page 2 on back of form if more space is needed)

Section E: Acknowledgement

I certify that the information provided above on the cash count of petty cash/change funds is true and correct.

Signature of Custodian

Dept. Manager or Designee Signature

Print or Type Custodian Name

Print or Type Dept. Manager or Designee Name

Date

Date

Retention

Department should retain this signed form for recordkeeping and internal audit purposes. Do not send this completed form to the Cash & Controls Team unless requested.

University of California, San Francisco
Cash Count Audit Form

Section D: Comment/Explanation (Cont.)