PRINT CLEAR

CALIFORNIA STATE UNIVERSITY LOS ANGELES
UNIVESITY AUXILIARY SERVICES, INC.

PETTY CASH FUND RECONCILIATION STATEMENT

DATE: _____

DEPT/PROJECT NAME : _____
DEPT/PROJECT NUMBER : _____

Authorized Petty Cash Fund Amount		$ _____
Cash in Hand	$ _____	
Reimbursement Request Amount	$ _____	
Total Petty Cash Account For		$0.00
"Over (Short)		$ 0.00

Explanation _____

AUTHORIZED SIGNATURES

_____ _____
Custodian Date Approved by Date

(Must be the dept. director or project authorized signer)

" Any differences between authorized and accounted for amount must be investigated and