Program Petty Cash Audit Form

Fund Account: ___________________________ Date of Audit: ______________

Person Conducting Audit: ________________________________________________

Petty Cash Custodian: ________________________________________________

Person who counted money with the Auditor: ______________________________

Cash allotted: $___________________

Time period covered in the audit: _________________________________________

Date: _______________ Cash on Hand: $ _______________________________

Total of Receipts: $ ___________________ Amount Reimbursed: $ ______________

_______ Cash on hand is accurate

_______ Receipts are stapled, not taped

_______ Receipts on hand are legible, dated and properly submitted

_______ Purchases made are allowable as per agency policy

_______ Purchases were approved by appropriate party

_______ Amount reimbursed matched receipts total

_______ Reason for purchase was adequately fully stated?

_______ Cash and receipts returned in timely manner

For any questions answered NO above, please explain why (include dates, amounts, and issues noted):  ___________________________________________________________

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- 1 -
Corrective Actions Needed (include date actions to be completed by):

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___________________________________________  __________________
Auditor Name and Title      Date

___________________________________________  __________________
Petty Cash Fund Manager      Date