

Petty Cash Audit Form

Residence: _____ Date of Audit: _____

Person Conducting Audit: _____

Person in charge of Petty Cash in residence: _____

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): _____

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

Auditor Name and Title

Date

Petty Cash Fund Manager

Date