

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

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\_\_\_\_\_  
Auditor Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petty Cash Fund Manager

\_\_\_\_\_  
Date