

UNIVERSITY SYSTEM OF NEW HAMPSHIRE

Petty Cash Replenishment Request

(For Reconciliation and Replenishment of Cash Funds)

Campus Mail, Please deliver to:

USNH Accounts Payable,
1 Leavit Lane, Durham

KSC Accounts Payable
Eliot Hall, Keene

PSU Accounts Payable
Speare Admin Bldg, Plymouth

Section A

General Information

Type of Fund: Petty Cash Fund Imprest Checking Account Petty Cash/
Change Fund # _____

Replenishment Distribution: Mail Approval to Custodian Hold Approval in A/P Please Issue a check

Custodian's Name: _____ Date: _____ Phone:

Department: _____ Banner Invoice #: **I**

Custodian's USNH ID:

Section B

Reconciliation

Number of Petty Cash Vouchers (PCV's) in this request: _____ From PCV#: to

Period Covered From: _____ To _____ Total PCV
Amount: \$, .

1 Total balance available <i>(cash on hand for PC; checkbook balance for Checking)</i>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Amount of this replenishment request <i>(must equal the INV total & PCVs attached)</i>		<input type="text"/>	<input type="text"/>	<input type="text"/>
3 Outstanding replenishment requests INV#: I <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
4 Petty Cash Vouchers in dispute PCV#: <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
5 Other: _____		<input type="text"/>	<input type="text"/>	<input type="text"/>
6 Other: _____		<input type="text"/>	<input type="text"/>	<input type="text"/>
7 TOTAL <i>(add lines 1 thru 6)</i>		<input type="text"/>	<input type="text"/>	<input type="text"/>
8 Authorized Petty Cash Fund or Imprest Checking Account Balance		<input type="text"/>	<input type="text"/>	<input type="text"/>
9 Unexplained Variance, if any <i>(subtract line 8 from line 7)</i>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prepared by: _____ Date: _____

Section C

Departmental Approval

The disbursements listed on the Petty Cash Vouchers with this request have been reviewed by me, are proper and authorized charges to the accounts indicated, and are in accordance with all applicable USNH and campus policies and procedures. The reconciliation of the fund as shown is true and complete.

Authorized Departmental Signature: _____ Date: _____

Print Name: _____

and title: _____

Section D

Campus A/P Use ONLY

Approved and Processed by: _____ Date: _____

FOAPAL **020** Amount: \$, .

Fund Orgn Acct Prog Actv

Form: USNH-F46

Issued: 07/01/1991

Revised: 04/01/2012

I hereby acknowledge receipt of cash in the amount

Listed in Line 2 above: _____
(Recipients Signature)