

PETTY CASH/PARENT REIMBURSEMENT RECONCILIATION FORM

Date _____

Prepared By _____

1. Fund Balance – beginning balance _____

2. Receipts for this period

| <u>Receipt #</u> | <u>Amount</u> | <u>Receipt#</u> | <u>Amount</u> |
|------------------|---------------|-----------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

TOTAL RECEIPT AMOUNT _____

3. Plus Cash Remaining – end of this period _____

4. Fund Balance – ending balance _____

Note: Petty Cash/Parent Reimbursement is to be reconciled at least monthly. Items #1 & #4 should be the same amount.

Approved _____
PACT Director

Date