McNeese State University

CHANGE / PETTY CASH VERIFICATION FORM

Department Name: _____

Department Account Number: _____

Amount of Advance: _____

Please complete the following regarding the amount of change/petty cash on hand in your department as of June 30, _____. This form is due back by July _____.

Please return to: Lorraine Buller
Accounts Receivable Supervisor
Box 92935

Amount of change/petty cash on hand as of 06/30/__ $_____

Amount of over/shortage -- over / short $_____
(please circle)

I verify that the information stated above in regards to the amount of change/petty cash on hand in this department is accurate to the best of my knowledge.

_____ _____
(Signature – Department head) Date