

Cash Count

Date: _____

Fund Name: _____

Custodian: _____

Authorized Amount: \$ _____

Currency:

Denomination	Quantity	Amount	Total
\$ 20.00 x _____ = _____			
\$ 10.00 x _____ = _____			
\$ 5.00 x _____ = _____			
\$ 1.00 x _____ = _____			

Coins:

Rolled:	\$ 0.25 x _____ = _____	
	\$ 0.10 x _____ = _____	
	\$ 0.05 x _____ = _____	
	\$ 0.01 x _____ = _____	
Loose:	\$ 0.25 x _____ = _____	
	\$ 0.10 x _____ = _____	
	\$ 0.05 x _____ = _____	
	\$ 0.01 x _____ = _____	

Reimbursement Voucher

Number	Date	Acct. Dist.	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Expense Receipts (Not Vouchered)

Date	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Deduct: _____

Funds Accounted for: _____

Funds Authorized: _____

Overage (Shortage): _____

This fund was counted in my presence and returned to me intact.

Name: _____

Title: _____

Count performed by: _____

Date & Time: _____