



Accounts Payable; MSN 3C1;
Tel: 3-2580; Fax: 3-2589

Petty Cash Receipt of Funds and Certification of Responsibility

Name of Department: _____

Custodian: _____

Supervisor: _____

Total Authorized Amount of Petty Cash Fund: _____

Type of Fund (check one): Expenditure Change

I accept responsibility for the petty cash funds issued to me as custodian. I have read the Petty Cash Policies and Procedures and agree to use these funds in accordance with Commonwealth of Virginia and George Mason University rules and regulations. I understand that failure to close out a petty cash fund within 30 days of the date the fund is scheduled to be returned will result in an immediate deduction of the outstanding amount from my paycheck. Should there be any shortage or disappearance of these funds, I understand that I must contact University Police and the Petty Cash Officer immediately.

Signature of Custodian Date

For Use by Petty Cash Office Only

Previous amount of fund: _____

Amount of increase (decrease): _____

Total authorized amount of fund: _____

For Establishments and Increases:
Disbursement Check #: _____ Amount: _____ Date: _____

For Decreases:
Cash Receipt #: _____ Amount: _____ Date: _____

Signature of Petty Cash Officer Date

Original: Petty Cash Office
Photocopy: Petty Cash Custodian