

IMPREST FUND CASH COUNT

CASHIER'S NAME	TELEPHONE NUMBER	DATE
LOCATION		OFFICE SYMBOL

	DENOMINATIONS	NUMBER	AMOUNT
B I L L S	ONE HUNDREDS		\$
	FIFTIES		
	TWENTIES		
	TENS		
	FIVES		
	ONES		
C O I N S	FIFTY CENTS		
	TWENTY-FIVE CENTS		
	TEN CENTS		
	FIVE CENTS		
	ONE CENT		

TOTAL CASH ON HAND	\$
UNCASHED TREASURY CHECKS	
UNVOUCHERED RECEIPTS (Subvouchers)	
INTERIM RECEIPTS (SF 1165) ON HAND	
REIMBURSEMENT CHECKS DUE FROM TREASURY	
TOTAL ACCOUNTED FOR	\$
TOTAL IMPREST FUND ADVANCED	\$

SECURITY PRECAUTIONS

LOCKED CASHBOX
 COMBINATION LOCKBOX
 KEY LOCKING CABINET
 COMBINATION LOCK CABINET

ARE THERE ANY INTERIM RECEIPTS MORE THAN FIVE WORKING DAYS OLD? (Explain)

COMMENTS

CASH COUNT PERFORMED BY:		THE CASH AND DOCUMENTS LISTED ABOVE WERE COUNTED IN MY PRESENCE AND RETURNED.
SIGNATURE	OFFICE SYMBOL	
		_____ (Cashier's Signature)

TO BE COMPLETED BY FINANCIAL DIRECTOR OR DESIGNEE

During the 12 months preceding this cash count, this Imprest Fund received reimbursements totaling \$ _____. The monthly turnover was \$ _____. The turnover average should be consistent with Chapter 2, paragraph 31 of the handbook.