



PETTY CASH FUND CLOSE FORM

Name of Custodian: _____ Date: _____
 Preparer Name _____ Preparer Email: _____
 Dept. Name & Campus: _____ Phone #: _____

CHECK ACTION:

☐ CLOSE PETTY CASH FUND

1. Enter Total Amount of Receipts on Hand (A) \$ _____ Journal Entry (JE) number _____
2. Enter Total Amount of Cash on Hand (B) \$ _____
3. Total Amount (A+B) \$ _____

Total Amount must equal full original amount of Petty Cash Fund

Reason for Closing Petty Cash Fund: _____

CLOSING INSTRUCTIONS FOR THE ABOVE ACTIONS:

1. **For total amount of receipts on hand:** Please create a manual journal using journal source, Petty Cash, for the receipts charging the study account (Debit) and the Petty Cash account: PG000119; Spend Category: SC09757; Ledger: 1131 (Credit).

Total amount of receipts on hand must **only include gift cards amount that have been received by participants.**

2. **For total amount of cash on hand:** Please return the remaining Petty Cash Fund to University of Miami by making a deposit in a form of check payable to: University of Miami. The locations to make a deposit are as follows:

(A.) Coral Gables Campus - Cashier's Office located in Cane Central.

(B.) Medical Campus - Please contact Marva P. Slaughter to obtain a listing of the department's nearest location.

Special Instructions for Gift cards:

- Actual gift cards remaining cannot be returned as part of the Petty Cash Fund closing.
- The value of gift cards on hand must be included in the amount of the check being deposited.

3. Please forward the following items to : disbursements@miami.edu

(A.) The completed and signed copy of this form.

(B.) Provide the Journal Entry number (JE) or send a copy of the Journal Entry number.

(C.) Deposit Receipts.

- ☐ I certify that this Petty Cash Fund has been reconciled according to the Petty Cash Policy. I have submitted all respective receipts and attached all required documents to close out this petty cash account.

 Petty Cash Fund Custodian (Print)

 Employee ID#

 Date

 Petty Cash Fund Custodian (Signature)

 Custodian Email Address

For Disbursements Department Use Only:

Approved by: _____ Date: _____